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1955 TRANSACTIONS, Part II

Maryland
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COMPLETION OF 1955 TRANSACTIONS

Medical and Chirurgical Faculty of the State of Maryland

Semiannual Meeting, September 30, 1954

Hagerstown, Washington County, Maryland

SCIENTIFIC AND BUSINESS SESSIONS

One Hundred Fifty-Seventh Annual Meeting

Baltimore, Maryland

BUSINESS SESSION

April 21, 22, and 23, 1955

For Completion of Transactions

See Volume 4, No. 8, August 1955, MARYLAND STATE MEDICAL JOURNAL for completion of 1955 Transactions and the Membership Roster.

Scientific Sessions

SEMIANNUAL MEETING

Main Ballroom, Hotel Alexander, Hagerstown
Washington County, Maryland
Thursday, September 30, 1954

DIAGNOSTIC PROBLEMS IN THE THORAX[1]

JULIAN JOHNSON, M.D., D.Sc. (Med.)[2]

In recent years with the increased number of individuals and groups in business and industry who are taking advantage of repeated routine chest x-rays, the problem of the diagnosis of the lesions found on the chest x-ray has been multiplied many fold. There are those who feel that the apparent increase in the incidence of cancer of the lung is due to the more frequent diagnosis of a condition which has always been with us. Some think that there is actually an increase in lung cancer but that it is mainly due to the increased life expectancy in our population. And there are those who present evidence to suggest that the incidence of cancer of the lung has been increased by the greater use of tobacco—especially cigarettes—by the American public. Whether the data secured through the review of some 250,000 individuals by the American Cancer Society and presented at the last American Medical Association meeting in San Francisco will hold up upon further investigation, time alone will tell. However, whatever the cause of lung cancer and regardless of whether it is increasing in frequency, there can be no doubt that it is being diagnosed more frequently than formerly. Many now regard it as the most frequent internal cancer in the male.

In view of the widespread publicity which has been devoted to this problem, it is not unreasonable for the layman to ask, "What is the medical profession able to offer the patient with lung cancer?" As far as is known at present, surgery offers the only hope of cure to the patient with cancer of the lung. Although we have been constantly hopeful of a less radical form of curative therapy, and although great strides have been made with the cobalt bomb, million volt and rotational x-ray therapy, and with various chemotherapeutic agents, nevertheless we can offer the patient hope of cure by no means other than surgical extirpation of the diseased part.

The next logical question is, "What are the results of the surgical treatment of cancer of the lung?" Among the patients operated upon more than 5 years ago the results have been about as follows. When the patient is operated upon and the lung removed before there is demonstrable spread of the tumor to the lymph nodes or adjacent structures, the chance of a 5 year survival

[1] John M. T. Finney Fund Lecture, Semiannual Meeting, Medical and Chirurgical Faculty of Maryland, Hagerstown, Maryland, Thursday, September 30, 1954.

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approximates 50 per cent. Unfortunately, in less than half the patients subjected to pneumonectomy are the lymph nodes free of demonstrable metastasis, so that the 5 year survival for all patients upon whom a pneumonectomy is accomplished approximates 20–25 per cent. Again unfortunately, a third or more of the patients operated upon cannot be resected, and moreover approximately 30 per cent of all patients with lung cancer are shown to be inoperable even without exploration. This leaves the overall 5 year survival of patients with cancer of the lung who enter large medical centers in the neighborhood of 5 to 10 per cent. Certainly this is a discouragingly low salvage rate for this disease.

The surgeon, being anxious to improve this salvage, has become more and more radical in the resection. Radical pneumonectomy may now involve removal of large segments of the chest wall, diaphragm, or major parts of the mediastinal structures, including parts of the heart and great vessels. Many of us feel, however, that major inroads into the ravages of this disease are not apt to be made by further increasing the extent of the resection.

It would seem that until a major advance in the therapy of cancer is forthcoming, our chief hope for increasing the salvage rate of cancer of the lung is in earlier diagnosis. It is obvious that if all patients with cancer of the lung could be operated upon before there were demonstrable lymph node metastasis, the salvage rate would be increased 5 to 10 fold. There appears to be only three methods by which these patients might be brought to operation sooner: (1) a wider use of routine chest x-rays, (2) the education of the public to seek medical advice earlier and (3) the training of all physicians to recognize the disease and bring the patient to operation earlier. These points will be briefly discussed.

(1) There can be little doubt that if the entire population, or even the males over 40 years of age, had chest x-rays taken every six months, many asymptomatic lung cancers would be detected. However, there are figures to suggest that there would be less than one asymptomatic cancer found per thousand x-rays. There may, therefore, be some question as to the advisability of advocating such a program. Certainly there are very few physicians of my acquaintance who have a chest x-ray every six months, and those who do deal primarily with patients with tuberculosis.

There can be no doubt, however, that the widespread use of routine chest x-rays has picked up many early carcinomas of the lung. Whether the American public is willing to pay for one thousand chest x-rays to pick up one asymptomatic lung cancer is one of the problems facing us. In the medical profession, however, there can be no doubt that once the lesion is found on a routine x-ray, we should take advantage of that information. We must not sit blandly by with the advice, "It may be a benign lesion. Don't bother it until it bothers you."

(2) It may be that the public can be educated to seek medical advice earlier. The American Cancer Society and other such organizations are making an effort in that direction. It was found in a recent Philadelphia series of patients with lung cancer that there was an average of a 3 month delay between the time of the first symptoms and the time the patient sought medical attention. There are those who object to publicity concerning cancer because of the fear of cancerphobia. They contend that this average of 3 months delay would not be materially reduced in any event. However, it is difficult to believe that the dissemination of such knowledge would be detrimental to the common good.

(3) The training of all physicians to bring the patient with lung cancer to operation earlier is an objective with which few could disagree. In the Philadelphia series in which there was a 3 month delay on the part of the patient, there was a 5 month delay on the part of the medical profession. In other words, it was 5 months from the time the patient first sought medical advice until he came to operation. Certainly it behooves us in

the medical profession to reduce this delay on our part, once the patient has sought our advice.

I am fully aware that if every patient presented himself to his physician as soon as reasonably could be expected on the basis of his symptoms, and if the physician always recognized the disease and had him operated upon right away, we still could not approximate a 50 per cent 5 year survival. Not only would the surgeon frequently find microscopic metastasis to the lymph nodes, but often the lesion would be grossly non-resectable even with an ideal performance on the part of the patient and medical profession.

A case in point is a 56 year old man who consulted his physician because of a mild irritating cough of only three weeks duration. I submit that there are few doctors who would seek medical advice because of a mild cough of such short duration. I am equally certain that with a negative physical examination, the vast majority of physicians in this country would have given this patient some cough medicine and sent him on his way or suggested that he come back if the cough didn't improve. This particular physician happened to have a chest x-ray made. A suspicious lesion was found on the right side. The bronchoscopic examination was negative, but the Papanicolaou smear was positive for carcinoma. This man was operated upon within a month of his very first symptom. It was thought that this was an early lesion, but to our disappointment it was found that he had widespread metastasis over the visceral and parietal pleura and was hopelessly inoperable.

I have seen at least one patient in whom a lesion discovered on a routine chest survey film was found to be inoperable before the patient had had a single symptom. Such experiences are discouraging. Indeed, a few physicians after such experiences are apt to adopt an attitude of hopelessness. They forget that such is the exception and not the rule. Fortunately all cancer of the lung does not behave in such a manner. Certainly lung cancer may manifest itself in many ways and, whereas some grow and spread rapidly, others grow and spread slowly.

An example of the slow growth of lung cancer may be illustrated by a 38 year old man who was discharged from the army because of hemoptysis. There were three episodes in the army over a three year period. Although no definite evidence of tuberculosis could be found, he was discharged with a diagnosis of "probable tuberculosis." One year later a shadow appeared in the right lower lobe. The phthisiologist who was caring for him thought that the tuberculosis had finally shown its hand. After a year of watching this lesion gradually increase in size, he decided to have the patient explored since a positive diagnosis had not been obtained. It was a bronchogenic carcinoma. Although this lesion was known to be present for over a year and may have been present for 5 years, it was still small and apparently confined to the lung. The patient has now gone over 5 additional years since pneumonectomy with no evidence of trouble.

The lesson to be learned from these two cases is that there is a tremendous variation in the course which cancer of the lung may take. It means that the index of suspicion of the medical profession must be brought to the very highest peak obtainable. One of the greatest errors the physician may make after he suspects lung cancer is to give up too soon in his effort to establish the diagnosis. In dealing with this problem he should remember that "persistence is a virtue." A case in point will show how easy it is to make such an error. A 50 year old man went to his doctor because of cough and a little blood streaked sputum. Quite rightly, the doctor suspected cancer and a chest x-ray was ordered. It was reported as negative. The doctor accepted this report as sufficient evidence that the patient did not have cancer. He did not remember that cancer of the bronchus is not apt to be visualized upon a plain chest film until it gets large enough to obstruct the bronchus, partially or completely. In order to pick up such an early lesion the patient must be bronchoscoped. Had that been done the tumor

could have been biopsied at once. Unfortunately, the physician took the x-ray as the last word. Also, unfortunately, the tumor did not bleed again and the patient became content with his "cigarette cough." When he finally came back 8 months later the tumor was resectable but with metastasis to the lymph nodes. Had the doctor followed up his suspicion with enough persistence to use the diagnostic methods available, the patient would have been operated upon eight months earlier and might have been cured.

Another case may be cited which represents the importance of persistence in trying to make the correct diagnosis. A 56 year old man had noticed some increase in his usual "cigarette cough." An x-ray revealed nothing but slightly increased markings at the right base. Bronchoscopy revealed some granulation tissue in his bronchus which showed only inflammatory tissue on biopsy and microscopic study. A bronchogram revealed slight bronchiectasis. The question was—why should a man in his fifties develop localized bronchiectasis? A second biopsy was negative but a third biopsy showed carcinoma! "Persistence is a virtue"! When the lung was removed, there was no evidence of spread of the lesion beyond the local site. The patient has now been well 7 years since operation.

With an average of 5 months delay on the part of the physician in getting the patient to surgery, it would seem that it is up to the medical profession to attack that problem first of all. Certainly we should use every diagnostic method at our disposal, including exploratory thoracotomy.

Methods of Diagnosis

X-ray—A careful roentgen study of the chest will reveal the lesion in about 98 per cent of patients with cancer of the lung. The one situation where the x-ray may be entirely negative is the small tumor in a bronchus not causing obstruction. In this situation the bronchoscopic examination fortunately will usually reveal the diagnosis. But it does mean that one must not be content with an x-ray alone when there is a persistent cough, especially with blood streaked sputum.

The vast majority of the errors are made, however, in not getting an x-ray in the first place or in misinterpreting the x-ray once it has been obtained.

The classic example is the patient with cough who finally begins to run some fever. An x-ray shows some infiltration in one lobe. It is interpreted to be "virus pneumonia" and the patient put on an antibiotic. The fever subsides and no further x-ray may be made until repeated infection occurs some months later. This is of course due to cancer of the lung in its early stages. Bronchial obstruction results in retained secretions. When infection occurs behind the obstruction, a diagnosis of inflammatory disease is entertained. The fact that the infection may be controlled by antibiotics is perhaps unfortunate for it is apt to delay by weeks or months the true diagnosis, for not only may the infection subside but the x-ray shadow produced by the infection may decrease if not entirely disappear.

It is an unhappy fact that about 40 per cent of the patients operated upon for cancer of the lung have previously been diagnosed and treated for an inflammatory process in the lung, thereby delaying the diagnosis and treatment of the cancer. In the early days these patients were diagnosed as having "bronchopneumonia." Then they were said to have "atypical pneumonia." Later they were called "atypical atypical pneumonia." More recently they have been called "virus pneumonia." The pathology remains the same—namely—partial or complete bronchial obstruction by the cancer with infection behind it. Fortunately the well trained radiologist more and more is recognizing such lesions as being due to cancer.

It should be noted also that there is a tremendous difference between having a single x-ray film made of the chest and having a careful examination by a competent radiologist. Early lesions may often be identified by a thorough study although missed on a single film. Careful

fluoroscopic examination with inspiration and expiration films may occasionally pick up an early lesion causing abnormalities in ventilation. The various techniques of body section films have also proved to be of great benefit in the early diagnosis of cancer of the lung.

Bronchoscopy—Bronchoscopy is the next most important diagnostic method when dealing with lung cancer.

The carcinoma may be located where it can be visualized by bronchoscopy and a positive diagnosis made in about 40 per cent of patients with bronchogenic carcinoma. In addition, the bronchial secretions may be studied and a positive diagnosis made by the Papanicolaou technique in another 25 to 30% depending upon the experience of the bronchologist and pathologist. There are always some instances however in which a positive diagnosis cannot be arrived at by these techniques.

Aspiration biopsy—It is our belief that this procedure has its chief usefulness in patients who are considered to be inoperable but in whom it is desirable to have a positive tissue diagnosis. When it is thought that the lesion is operable there would seem to be little point in the aspiration biopsy. If carcinoma cells were obtained, the operation would be the next step. On the other hand, if carcinoma cells were not obtained upon aspiration the operation could not be avoided for fear that the carcinoma had simply been missed by the aspirating needle. It has been felt, therefore, that since the results of the aspiration will not influence whether the patient is to be explored, it is not worth the risk of transplanting tumor cells to the chest wall.

Exploratory thoracotomy—For many years if one had a mass in the abdomen and was uncertain of its nature, an exploratory laparotomy was done. We feel that such a position has now been reached with regard to the thorax. The tumors in the large bronchi are usually accessible for a positive diagnosis by bronchoscopy. The peripherally located tumors are the most amenable to diagnosis by exploratory thoracotomy.

We feel that when there is any real question of the diagnosis of a lesion in the chest demonstrable by x-ray, the patient should have the benefit of exploratory thoracotomy. The greatest problem arises, of course, in relation to inflammatory disease, especially tuberculosis. Now that resection therapy seems to be well tolerated in tuberculosis, the fear of finding that disease on exploration has passed to a considerable degree.

At the present time there are approximately 8,000,000 chest x-rays made in this country each year, either as a matter of routine or because of symptoms. A great many asymptomatic lesions are being discovered. When a mass lesion is discovered, and a positive diagnosis cannot be arrived at otherwise, we believe that an exploratory thoracotomy should be performed. Many early lesions are being removed in this manner.

If the medical profession is to reduce the delay in getting patients with lung cancer to operation, once the patient has presented himself, we must (1) increase our index of suspicion of cancer and (2) persist in our efforts at the diagnosis of such lesions. Exploratory thoracotomy should be undertaken for suspicious lesions if the diagnosis cannot be made otherwise.

Summary

1. The best opportunities at present for improving the results in the treatment of patients with cancer of the lung are by way of (a) utilizing the information obtained on routine chest x-rays, (b) decreasing the delay between the time of the first symptoms and the time the patient consults a physician and (c) decreasing the delay between the time the patient first consults a physician and the time the cancer is surgically removed.

2. The medical profession must increase its index of suspicion of cancer of the lung and persist in efforts to make a diagnosis when lung cancer is suspected.

3. Exploratory thoracotomy should be used in suspicious cases when the diagnosis cannot be established by other methods.

DIFFICULTIES IN GERIATRIC DIAGNOSIS[1]

EDWARD J. STIEGLITZ, M.S., M.D., F.A.C.P.[2]

The honor of presenting the 1954 William Royal Stokes Memorial Lecture before the Medical and Chirurgical Faculty of the State of Maryland is deeply appreciated. This privilege is not taken lightly, but with full awareness of an inseparably equivalent responsibility. Whether the concepts hereafter presented will be sufficiently useful and significant to be worthy of this occasion can be determined only by their clinical application.

The pioneer work of Doctor Stokes in the field of public health is in part responsible for the pertinence of our discussion. The control of contagion and dramatic reduction in infant and juvenile mortality in the early part of the present century made possible the survival of many millions of people into the years of later maturity. The urgency, complexity and magnitude of the problems of aging will continue to increase. Average life expectancy at birth has moved from 47 years in 1900 to about 67 for males and over 71 for females today. The standing crop of the elderly is getting bigger and bigger.

Human aging, which is the central theme of the science of gerontology, presents many complex, inter-related facets. It is so wide a field involving many disciplines that it is necessary to construct a basic structural classification of the major facets. Gerontology, the study of aging, is pragmatically divided into three areas: (1) Geriatric Medicine, in which the *individual* aging person is the unit upon which attention is focussed; (2) The processes of aging as they affect the constituent parts, functions and chemical equilibria of the individual, where the cells and chemical reactions are the focal points of concern; and (3) The sociologic aspects of gerontology, where we are concerned with the economic, cultural and social problems arising from increased longevity. These three divisions are intimately inter-related and yet each constitutes a separate field of study.

On this occasion, however, we wish to focus attention on a single facet of geriatric medicine. The use of the term "geriatric" as an adjective instead of a noun is intentional, because we do not feel that geriatric medicine is a sharply delineated specialty or that it should ever be so considered. Geriatric medicine is a point of view, of attitude of mind, which takes cognizance or aging. It deals with both the so-called normal aspects of aging and the abnormalities. It is concerned with the whole organism, the individual indivisible in whom psyche and soma are inseparable.

Our specific assignment today is to analyze the difficulties in diagnosis of the clinical problems presented by aging and aged patients. There are many obstacles and difficulties, far more than with any other group of patients. These difficulties fall into three major categories and it will simplify our analysis if we consider them in sequence. First, there are difficulties inherent in the aging individual; secondly, difficulties inherent in the characteristics of the diseases most frequent in later maturity; and thirdly, difficulties inherent in our present diagnostic concepts and methods.

Diagnostic Difficulties Inherent in Aging Individuals

What is aging and what does it do to the individual who ages? To age is to change. Aging is inevitable; it begins at conception and terminates only with death. It is continuous throughout

[1] The 1954 William Royal Stokes Memorial Lecture, Semiannual Meeting, Medical and Chirurgical Faculty of Maryland, Hagerstown, Maryland, Thursday, September 30, 1954.

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life for it is a part of living. However, the changes of aging vary considerably in rate and in character. First of all, there is considerable variation in the aging change in different species. For example, the 300 day old rat (and I mean the kind with a long tail that shows) is the equivalent in biologic age of a man 30 years old. The 600 day old rat is equivalent biologically to a 60 year old man. However, even in the same species, such as man, there is decided variation in the rate of aging change in different individuals. All of us know young men of 70 and old men of 50. Furthermore, and this is of the greatest significance, the rate of aging change within the individual is not symmetrical throughout the whole organism. Changes occur at different rates and at different times of the life span in different structures and functions of the organism. This variability is conspicuously manifest at the time of puberty and the climacteric. At these times the organs of reproduction change much more rapidly than do other structures. It is important to remember that pediatrics made its tremendous advances when it was at long last recognized that the child is something quite different from "the little man"; that he is not just a diminutive adult. An aging individual is a different person than that same person was in his youth and early maturity.

Two processes go on simultaneously in aging: growth and atrophy. During the early part of the life span growth predominates; later atrophic changes predominate. There are two theories as to what causes the changes of aging. One emphasizes the wear and tear of existence; that we wear out from use. The other states that the atrophy is consequent to disuse; in other words, that we rust out from disuse. Actually the scientific data, which I am not going to consider in any detail, supporting these two contradictory theories are so evenly balanced that the choice is determined largely by the personality of the chooser. The energetic "eager-beaver" will insist that we rust out through disuse and thereby justifies his constant activity. The indolent individual will say that we wear out as a result of excessive use, thereby justifying his leisurely, indolent mode of life. And both of them can marshall data to prove that they are right. In all probability the truth permits combination of these two theories: namely that there are certain forms of abuse involved in both disuse and excessive use.

What about the aging of the cells which constitute our tissues. Do they age? With the exception of the cells of our central nervous system, none of our cells live as long as we do. They are constantly being replaced by young daughter cells. Carrell's magnificent experiment with a tissue culture of chick embryo heart muscle indicates that, given proper nutrient media, living cells are essentially immortal. There is no microscopic evidence that cells *per se* show any appreciable amount of change as the result of the passage of time. It has been said that no pathologist can distinguish sharply and definitely those changes in tissues which occur with age and those which are consequent to injury or to past disease. The changes which are consequent solely to the passage of time are indistinguishable from the accumulated depreciations consequent to the series of minor chemical traumata or injuries which are a part of living. Pathologically the most important changes which occur in aging tissues involve the matrix. The matrix includes those fluids and fibrous structures surrounding parenchymal cells. Fibrous connective tissue is more demonstrably involved than the parenchymal cells. Changes in the matrix interfere with nutrition of the parenchymal cells and therefore are of particular significance.

From the clinical point of view, what does aging do to the patient? The obvious changes, such as graying hair, loss of hair, or wrinkles, etc. are not important. From the clinical viewpoint subtle changes in homeostatic mechanisms are most significant. Though physiologic constants, such as the blood sugar, body temperature, blood chlorides, etc., remain essentially the same throughout the life span, the ability to

maintain such uniformity within the necessary narrow range essential to health, definitely changes with advancing years. Response to any form of stress which tends to disturb homeostatic balance becomes less rapid and less vigorous as we grow older. A man of 70 may walk around with an active lobar pneumonia carrying a temperature of 99.5°F. whereas a youngster would be showing fever of 104°F., or more. The child's symptoms would be violent; the elderly individual's negligible. As the majority of the signs and symptoms in illness arise from the *response of the body* to infection or injury, we must expect the phenomena of disease to become less and less conspicuous as age advances. A considerable diagnostic acumen is required in order to recognize the subtle early changes which are the first evidences of illness in the aging and the aged. Too often these early signs are ignored by the patient and medical aid sought late in the course of the illness. The pain of appendicitis in an older individual is so similar to the habitual twinges of "gas pains" that the discomfort is often not reported. Consequently ruptured appendices in the aged are not infrequent.

It must not be forgotten that the clinical phenomena of disease may be desirable. Fever, for example, is more than the smoke of battle; it is part of the defense mechanism and as such useful. Similarly, edema, particularly of the lower extremities, is often a desirable phenomenon, because water stored subcutaneously, even if it contains considerable metabolic debris, is stored in a relatively innocuous area. Pedal edema *per se* never killed anyone. The patient is often much sicker during the subsidence of edema than during its accumulation. With the mobilization of the fluid previously stored in an innocuous area the toxic material dissolved therein is circulated and affects essential parenchymatous tissues formerly protected. Thus signs of cerebral and/or myocardial intoxication are not uncommon in too rapid diuresis of edematous patients. Proteinuria may also be a desirable phenomenon as the protein is combined with toxins rendering them innocuous to the host. Thus the diminished response to injury, producing less violent reactions manifest as symptoms and signs, is not only a serious diagnostic handicap but may also adversely affect the course of an illness in the elderly.

With age the margin of safety is reduced when homeostasis is put under stress for any reason whatever. For example, dehydration in an older person is a much more serious menace than to a younger person. Also, a lowered hemoglobin content, even a mild degree of anemia, constitutes a serious handicap to an older person whose vessels are tortuous, narrow and inflexible. The quality of what goes through the vessels becomes proportionately more significant as circulatory adaptability and capacity to dilate diminish.

Repair is slowed with age. Convalescence takes longer. We would not be far off if we said that for each five years we have lived it requires an additional 24 hours to repair following a given injury. Thus little ten year old Willie having had an acute sore throat and fever requires approximately 48 hours of normal temperature before he is "rarin-to-go." His 60 year old grandfather will require 12 days to accomplish the same degree of recuperation. Of course, it is very difficult to keep the old gentleman convalescing for 12 days because of his fear that his colleagues might discover that business goes on in his absence.

In order to discover disorders in the aging early enough to permit of truly effective therapy one must search for minor subtle changes, little hints. For example, barely notable dryness of the skin, an admission on the part of the patient that in the last year or two he has become more tolerant to hot weather, combined with observing a slow pulse and relative hypotension is enough to suggest hypometabolism. These evidences are by no means diagnostic in themselves, but they are sufficient to raise suspicion to the point of justifying a measurement of the metabolic rate. In a series of 100 consecutive health inventories of people aged 40 to 60 who had no

complaints whatever, we found twenty-two that had a basal metabolic rate below minus 15 for their age. Correction of the hypometabolism produced notable improvement in their vim, vigor, enthusiasm, and endurance. Of the twenty-two, the situation was *suspected* because of minor indirect signs in nineteen.

Age alters the rate of progression of the so-called degenerative diseases. The younger the patient at the time of onset, the more rapid is the progression. Therefore, prognosis is definitely improved when disorders such as hypertension, diabetes mellitus, pernicious anemia and all forms of cancer begin late in life.

Aging is associated with functional depreciations even in the absence of known disease. Especially significant is depletion of reserve capacities, for such are clinically silent until stress reveals the loss. We all start life with a tremendous functional margin of safety. The functional capacity of the kidneys is approximately 400 per cent of requirements in the healthy child. A young experimental animal can get along very well with one half of one normal kidney. However, as age advances this reserve margin, available for handling increased burden of work, gradually diminishes. Ultimately it may reach a level close to the requirements of normal living. Then any increased strain can lead to decompensation. Such decompensation may be cardiac, renal, or metabolic. Diabetes mellitus is frequently discovered in the mature individual only when some coincidental infection or other stress has produced strain which is greater than the organism can tolerate and the impairment in insulin production becomes obvious. Nevertheless, the state of potential or impending diabetes mellitus may have existed long before this was discovered.

Aging emphasizes the relativity of health. The characteristics of health in later years and in youth are not the same. Most of us here were brought up medically to assume that health is that state of being existing in the absence of disease. But this is a misleading and negativistic doctrine, equivalent to defining beauty as the absence of ugliness, or decency as the absence of indecency. The functions of the physician are not only to discover, identify, and treat disease, but also to be concerned with health. What is health? Health is certainly more than mere absence of disease. It has quantitative attributes. A tentative and provocative definition of perfect or ideal health here proposed is that state of being in which all the functional capacities of the organism are near the maximum that we can expect for the species in relationship to the age of the individual. Obviously, such a state of perfection in health is never attained even in the absence of disease. In healthy youth it is possible to run the 100 yard dash competently, but in youth the function of judgment is far from optimum. By the time a modicum of judgment is acquired the ability to run the 100 yard dash has depreciated grossly, even in the absence of disease. Therefore, health is inevitably asymmetric and variable. Actually we know very little about health, for nowhere is there being carried forward any concentrated study as to what health is and how to measure it. A study of health is an absolute necessity if we are going to understand the phenomena of growth and senescence. Gradual depletion of reserve capacities is silently asymptomatic until capacities fall below requirements. Not until then do symptoms appear. Thus evidences of failing health (reserves) are often precipitated by an increase in load or stress. Commonly, long standing chronic illness is discovered only when it is brought to light by an acute illness. Then we are confronted with the diagnostic problem of determining whether the symptoms, signs, and phenomena are due to the acute illness or whether they are consequences of an exacerbation of preexisting chronic disorder which had heretofore been silent.

This emphasizes the importance of knowing as much as we can concerning the functional reserve capacities of the older individual during

relative health. Both diagnosis and prognosis in an acute illness in an older person are greatly affected by the condition of the patient before the onset of the acute illness. It is invaluable to know something about the margins of safety or reserve capacities. How can we measure these reserves? We have to create conditions of stress in order to measure any reserve. It is impossible to measure the efficiency of an automobile engine by driving it down hill. Similarly, we get little information concerning the capacities of the organism to combust glucose by a fasting blood sugar determination. What we need to know is what the blood sugar is after eating, when the patient's capacity has been put to stress. Examinations conducted only under conditions of rest are often misleading. A heart may reveal no evidence of disease if we examine the patient only at rest. The patient's story concerning how much effort is required to induce dyspnea, whether it be one flight of stairs taken leisurely, or two flights of stairs taken rapidly, is most informative. Similarly, a routine urinalysis tells us little anent renal functional capacity, especially if the urine is dilute. A renal concentration test to determine the ability of the kidneys to concentrate the urine should be an essential part of every health inventory in the older individual. It is much more work for the kidneys to secrete a small volume of concentrated urine than a large volume of dilute urine.

The pediatrician has a right to assume that all the symptoms and signs which he observes in an acutely ill child are probably due and associated with the acute illness. With aging patients we must assume exactly the opposite. It is unlikely that the aging person is vigorously well with wide margins of reserve capacities. Thus when acute illness supervenes we must determine whether the phenomena are exacerbations of pre-existing depreciations or disorders, or arise solely from reaction to the acute illness. It is in such situations that the value of a base line measurement of functional reserves is of paramount importance.

Diagnostic Difficulties Inherent in Diseases Common in Later Maturity

The aging and the aged may have any disease. They are not immune to anything except perhaps pregnancy which is usually not classified as a disease, but is more appropriately considered as an accident. This is quite a satisfactory definition. We all have accidents and most of us are accidents. I know I am; my parents admitted it. And one of the nice things about being an accident is that one can always feel one is going someplace to happen.

As just stated, the aged may have any disorder. For example, one winter when we had an epidemic of mumps I saw seven cases of mumps in grandmothers who acquired the disease through nursing grandchildren. But these are rather exceptional instances. Certain disorders increase greatly in frequency with advancing age. Four groups of diseases constitute the common and most significant disorders seen in geriatric practice: (1) Circulatory impairments, (2) Metabolic dysfunctions, (3) The arthritides, and (4) Malignant neoplasms.

The circulatory disorders are of pre-eminent importance. These include hypertensive arteriolar disease and arteriosclerosis with its variable remote consequences. The manifestations of circulatory impairment may be cerebral, resulting in neurologic lesions, cerebral vascular accidents, or in the confusion of arteriosclerotic dementia; they may be primarily cardiac, as in coronary heart disease, or renal, retinal, pancreatic, or involve the extremities. It is often assumed erroneously that coronary artery disease is a separate entity. Actually it is only a local manifestation of diffuse arteriosclerotic disorder. We need to be reminded that anyone who has had sufficient coronary artery disease to suffer an occlusion, and therefore myocardial infarction, also

has some cerebral arteriosclerosis. This is not necessarily sufficiently severe to produce symptoms, but that cerebral arteriosclerosis exists and is part of the general process must be assumed. Arteriosclerosis is rarely, if ever, *limited* to the coronary vessels. Diagnostic classification has become so refined that many clinical syndromes are considered separate entities whereas they are actually only localized manifestations of a generalized process. It is misleading to consider the fundamental pathogenesis of coronary disease as differing from that responsible for cerebrovascular accidents, arteriosclerotic dementia, or the late form of diabetes mellitus.

The metabolic disorders common in later years include the anemias, diabetes mellitus, thyroid imbalance, gout, the climacterics, both male and female, obesity, osteoporosis, and renal decompensation. Perhaps the arthritides should be included in this group. Neoplastic growths constitute a large group of different cancers, whose incidence rises sharply after 40.

These chronic progressive disorders characteristic of later maturity have certain generic characteristics which are significant. These pertain particularly to the etiology of these disorders, to their course, and to their inter-related pathogenesis and physiologic consequences.

The etiology of all these disorders of later years is obscure. It is cumulative. It is often multiple, with many superimposed factors which have frequently operated a long time prior to the appearance of any evidence of the disorder. The etiologic sources often are not immediately associated with the disease. These disorders are largely endogenous. They do not arise from obvious, recent exogenous traumata, infections or intoxications. In no two instances is the etiologic picture necessarily identical. Every case of typhoid fever presumably is caused by the typhoid or paratyphoid A or B bacillus. On the other hand, every case of hypertensive disease arises from a different constellation of etiologic factors. Those who hope that some day they will discover *the* cause of cancer, or *the* cause of arteriosclerosis, or *the* cause of hypertensive diseases are, I think, doomed to failure because there are many causes and in no two instances are they necessarily alike.

The onsets and courses of these disorders likewise present significant common denominator characteristics; they all begin insidiously and remain asymptomatic for a long time. These disorders are sneaking saboteurs; they are often silent until irreparable damage has been done. Impairments accumulate surreptitiously until ultimately symptoms appear when functional capacity is inadequate for requirements. These disorders are all characteristically progressive. Their progression is frequently very slow, but it is diabolically persistent. Arteriosclerosis or hypertensive disease may progress insidiously for ten, twenty, or even thirty years before obvious functional breakdowns occur. Furthermore, these disorders are not protective; they stimulate no immunity, such as do infectious diseases unless we overtreat them with antibiotics. These disorders, on the contrary, increase vulnerability to related diseases. More often than not, several so-called entities overlap and are superimposed. Consequently the clinical pictures and courses are highly variable.

There is one more common denominator typical of almost all of these disorders, with the exception of the cancers. The primary changes involve largely the structures of the matrix. These in turn impair the nutrition of parenchymal tissues. Such is the mechanism by which vascular disorders, both arteriosclerotic and hypertensive, metabolic defects and nutritional impairments affect parenchymal damage. It is highly probable that a similar pathogenesis occurs in the progressive arthritides of senescence.

Vascular disease rarely induces symptoms directly referable to the vascular system. Symptoms arise from functional failure of inadequately nourished parenchymal tissues. In arteriosclerotic dementia, for instance, the confusion is due to the fact that cerebral cells are inadequately nourished and their metabolic debris inefficiently

removed. The nature and degree of parenchymal damage is determined by the abruptness, completeness, extent, and localization of the ischemia. Similarly, increased arterial pressure *per se* produces no symptoms whatever. There is no kinesthetic sense which informs us of elevation of our blood pressure. The symptoms of hypertensive arterial disease are almost entirely secondary. For example, increased work strain put upon the myocardium induces signs of cardiac fatigue; impaired renal circulation leads to evidence of excretory inadequacy; retinal arteriolarsclerosis produces impaired vision.

Diagnostic confusion is further enhanced by simultaneous co-existence and superimposition of several disorders in the same patient. Such overlapping is the rule, though occasional exceptions occur. Analysis and interpretation of symptoms and signs are greatly handicapped when several co-existent factors contribute to the genesis of symptoms and self-perpetuating vicious circles. For example, anemia in hypertensive disease secondary to renal impairment is associated with toxic depression of hematopoesis; nutritional deficiency increases the renal secretory insufficiency, aggravates the stress upon the myocardium, contributes to anxiety, and is a factor in perpetuating and exacerbating arteriolar hypertension. It is often extremely difficult to unravel the many inter-relations in an instance of chronic progressive disease. Nevertheless, clarification of the mechanisms of interdependence of functional impairments, perpetuating etiologic factors, etc. is *essential* to truly effective diagnosis.

To reiterate briefly the most important generic characteristics of the disorders most frequently encountered in the aging: (1) Their etiology is multiple, variable, cumulative, obscure, and endogenous; (2) Their onsets are silent; (3) They are persistently progressive; (4) Their symptoms and signs are almost invariably secondary rather than primary and therefore often misleading in disassociating the basic processes from the local manifestations; and (5) Superimposition of several chronic disorders is the rule rather than the exception.

Diagnostic Difficulties Inherent in Present Diagnostic Concepts and Methods

What is a diagnosis? Many may consider this query so simple that it is impertinent. But it has been my experience that frequently the quickest way to obtain pertinent information is by asking impertinent questions. Therefore I persist. Is diagnosis a mere label, a name for a disease state? No! We all know that it must be more than this. One medical dictionary defines diagnosis as "the art of distinguishing one disease from another." This is too limited and relies on the concept of single, specific disease entities, which rarely occur in geriatric practice. Another dictionary defines diagnosis as "determination of the nature of a case of disease." This is more comprehensive, but leaves unanswered what is meant by "the nature of." For application to our present discussion let us try defining diagnosis from the viewpoint of its purpose and objectives. The only fundamental purpose of a diagnosis is to guide therapy and prognosis. Secondarily, diagnosis is necessary for classification, for records, and vital statistics. But these are truly secondary objectives. In the practice of medicine our primary concern is to treat the ill person, not the name of his malady or maladies. Therefore, a diagnosis is an analysis of the situation pertaining to the health or impairment of health of an individual, developed for the purpose of guiding therapy and prognostication. It is always an opinion, tentative, and only relatively complete. A diagnosis is not a dogmatically final statement.

A diagnosis should include opinions as to what the disorder is, why it arose, how severe it is, how rapidly it is progressing, and what are the complicating circumstances. In other words, diagnosis is concerned with identification, etiology, severity, physiologic consequences, progression and complications. A diagnosis has

quantitative as well as qualitative attributes. For example, it is no longer sufficient to say that an individual has diabetes mellitus. It is necessary to establish the precise glucose tolerance quantitatively. Similarly, a diagnosis of arterial hypertension is meaningless unless it includes an evaluation of the extent of arteriolarsclerosis or irreparable change. The same attitude must apply in either hyper- or hypothyroidism, anemia and many other examples.

The etiologic facets of diagnosis are the most important and also the most neglected issues. As the primary purpose of diagnosis is to guide therapy, and as therapy to be effective must be predicated upon the correction or removal of causative factors, their identification is of primary importance.

We can treat a sore heel from now until "doomsday" with diathermy, poultices, and antibiotics but if we leave the nail in the shoe which is responsible for the soreness we will accomplish very little. If we remove the nail from the shoe and ignore the heel it probably will get well. How useless were the old terms "small pale kidney" or "large red kidney!" Isn't it much more significant and useful to say; "this is an instance of nephritis following scarlet fever" or "nephritis secondary to plumbism" or "renal damage exacerbated by pregnancy"? Such later diagnostic statements can guide therapy; description of the lesion is useless, except to the pathologist who is not involved in therapy.

Any fool can determine that a patient's blood pressure is elevated. Much more important is to determine whether this elevation is secondary to a recent or long standing unilateral pyelonephrosis or Goldblatt kidney, or consequent to chronic plumbism, or associated with preeclamptic intoxication, or a sequel of long continued anxiety and repressed hostility. These are the things we need to know.

Nothing happens from a single cause, even in the instances of illness due to specific exogenous infection. Vulnerability or lack of immunity is involved. In the chronic progressive disorders characteristic of later maturity, multiple and variable factors are invariably involved. These multiple factors fall into three primary categories: (1) Predisposing influences; (2) Provoking factors; and (3) Perpetuating forces. This technique of analyzing causation is applicable to any problem, such as floods, war, failure, marriage, divorce, as well as potentially catastrophic disease. Though these "three P's" constitute a useful classification, easy to remember because of their euphony, other terms could be applied which would be equally appropriate. For example, predisposing could be replaced by such terms as vulnerability, constitutional weakness, the quality of soil, etc.

It is possible, and often extremely useful, to attempt some quantitative evaluation of the relative weight or significance of the various elements involved in the causation of a specific clinical instance of disease. As a rule the provoking factors are much more amenable to treatment than the predisposing or perpetuating factors. Though a half a dozen of more factors may play roles in the etiology and pathogenesis of any given disease, they are not all of equal weight or strength. The relative weight of the predisposing factors versus provoking factors has great bearing on prognostication. We must recognize that for the induction of any disorder P-1 and P-2 add up to 100 per cent. For perpetuation, continuance and/or progression of the disorder the P-3 factors are essential. In an acute, transient situation P-3 is not important. It is often possible to make a rough estimate of the relative weight of P-1 and P-2 in acute situations. Let us take for example, two young men who suffer from an acute psychotic breakdown. In one instance this followed going through the Hell of Pearl Harbor, in the other the break occurred shortly after an argument with his mother-in-law over alleged extravagances by his wife. In the first instance it is obvious that the provocation was extreme and constituted perhaps some 90 per cent of the total causation, leaving only 10 per cent for predisposing factors.

In the second instance the provocation was relatively minor and therefore predisposition proportionately more significant. Such analysis is highly informative anent prognosis, though the "diagnosis" is identical in both cases. It becomes clear which one of these two sick men is likely to suffer recurrences.

Second only to consideration of etiology in diagnosis is the problem of functional diagnosis. It does not suffice to identify a lesion or defect; it is essential to know how severely it impairs the functional capacity of the structure involved and its effects upon the total body economy and homeostasis. We have mentioned the importance of quantitative evaluation in such disorders as diabetes mellitus, thyroid dyscrasias, etc. This attitude is equally applicable in evaluating the functional situation in cardiovascular disease. A diagnosis of mitral valvular disease or healed myocardial infarction following coronary occlusion without consideration of the degree of impairment in cardiac efficiency is nearly useless, as Sir James MacKenzie pointed out many years ago. The American Heart Association has contributed most significantly to improving diagnosis by insisting upon inclusion of classification of capacity, as well as anatomic localization of the lesion, in cardiac diagnosis. From the viewpoint of therapeutic guidance of the patient, the classification as to grade of cardiac competence is vastly more useful than even the greatest precision in anatomic diagnosis.

It is here where diagnostic acumen is tested. Instruments of precision help but little. The electrocardiogram can not measure functional capacity for exertion. Only careful clinical observation and particularly astute questioning and wise interpretation of the indirect evidence can give this information. It is only the response to effort or stress which can inform us as to reserve capacities. It is not only important for the physician to think in terms of quantity, such as the degree or violence of effort, its duration, etc., but to teach his patients to think along these lines. They must realize the difference in climbing one or two flights of stairs unencumbered or while carrying awkward or heavy parcels and whether this effort is undertaken before or shortly after a meal when they are doing two jobs at once, climbing stairs and digesting a meal.

Our present diagnostic methods are sadly inadequate for truly comprehensive diagnosis of the functional impairments engendered by the majority of chronic progressive disorders characteristic of later maturity. We need better methods of evaluating functional capacity, particularly reserve capacities. Reserves are revealed only under stress. We do have a few useful procedures such as the glucose tolerance test, the renal concentration test, the cold pressor test in hypertension, the two-step test of Master, and occular accommodation, but these are not enough. We need means of evaluating the degree of health as well as procedures designed to reveal the existence of disease. Health is always relative. Nowhere is this more conspicuously manifest than in the psychic and somatic problems of aging people. The development of health evaluating stress procedures will be of immense value to those dealing with the problems of geriatric medicine. Among the criteria of adequate tests are simplicity, safety, specificity, induction of truly physiologic stress, and relative uniformity in the normal responses. These criteria are not easily met. This is one of the most significant areas of future medical research. It has been neglected too long. But most important of all is the judgment applied in interpretation of the results. It is the intelligence of interpretation of data that makes a diagnostician.

Summary

We have attempted to indicate and analyze the many difficulties encountered in geriatric diagnosis. These arise from characteristics inherent in aging individuals, characteristics inherent in the diseases involved, and from difficulties inherent in the concept and methods of diagnosis. Of primary importance are the following points:

(1) The aging and the aged are different from young adults, presenting physiologic and homeostatic peculiarities and great individual variations.

(2) The disorders common in later maturity are obscure in origin. Their etiology is endogenous, multiple, variable, and slowly cumulative. Their onsets are silent and insidious. Their course is characteristically progressive and more frequently than not associated with overlapping of several disorders simultaneously.

(3) Diagnosis *per se* must include consideration of causation, degree, progression, and physiologic consequences. It involves quantitative as well as qualitative problems.

(4) The primary purpose of diagnosis is to guide therapy, and therapy must be directed to assist the sick individual recover rather than focussed on the disease. Let us treat the patient, not the name of his disease. In order to do so we must know as much as possible about the physiologic economy of the sick man. There is no place for intellectual indolence or routinization in geriatric medicine.

Business Sessions

SEMIANNUAL MEETING

Thursday, September 30, 1954
House of Delegates*
Dorsey Hall, Washington County Hospital
Hagerstown, Washington County, Maryland

The 212th meeting of the House of Delegates was called to order by the President, Dr. Bender B. Kneisley, at 9:30 a.m. in Dorsey Hall, Washington County Hospital, Hagerstown, Maryland, on Thursday, September 30, 1954.

The following members registered: Doctors Conrad Acton, E. Cowles Andrus, Philibert Artigiani, Charles R. Austrian, John W. Barnaby, Jr., J. W. Bird, A. Talbott Brice, Howard M. Bubert, Read N. Calvert, Robert V. Campbell, H. A. Cantwell, J. Albert Chatard, Thomas A. Christensen, John N. Classen, Melvin B. Davis, Everett S. Diggs, Monte Edwards, Charles R. Goldsborough, Warfield M. Firor, Whitmer B. Firor, Wetherbee Fort, Joseph E. Gill, Harold P. Biehl, Wilson Grubb, Jacob C. Handelsman, David J. Gilmore, John M. Haws, Gustav Highstein, Harry C. Hull, Marius P. Johnson, George S. M. Kieffer, H. F. Kinnamon, D. C. MacLaughlin, Lewis P. Gundry, Bender B. Kneisley, William B. Long, John Mace, Jr., J. Duer Moores, Randall McLaughlin, Claude W. Mitchell, Zachariah E. Morgan, Frank K. Morris, Waldo B. Moyers, S. Edwin Muller, Edmund R. Novak, Charles F. O'Donnell, Thomas R. O'Rourk, Frank J. Otenasek, A. Austin Pearre, Leslie H. Pierce, Ross Z. Pierpont, M. C. Porterfield, Samuel T. R. Revell, Jr., Peter P. Rodman, John E. Savage, Louis R. Schoolman, Clifford E. Schott, Richard T. Shackelford, W. Glenn Speicher, W. Kennedy Waller, John M. Warren, William W. Welsh, A. F. Whitsitt, Arthur O. Wooddy, Theodore E. Woodward, and George H. Yeager.

Dr. Kneisley welcomed the delegates to Hagerstown and expressed his appreciation for the full attendance. He reminded the delegates that there is no roll call and registration is the only record of attendance, so he requested them to sign the registration book if they had not already done so.

The minutes of the last meeting of the House of Delegates had been mailed to all the delegates and officers of the component societies, and ON MOTION DULY SECONDED AND CARRIED, THE MINUTES WERE APPROVED AS CIRCULATED.

At the request of Dr. Kneisley, Dr. Edwin H. Stewart, presented his report on postgraduate education. (See page 533.) Dr. Stewart moved that THE HOUSE OF DELEGATES ADOPT THIS REPORT AND APPROVE THE ESTABLISHMENT OF A REGISTRY OF POSTGRADUATE EDUCATION SPONSORED BY THE POSTGRADUATE EDUCATION COMMITTEE OF THE UNIVERSITY OF MARYLAND MEDICAL SCHOOL, THE JOHNS HOPKINS UNIVERSITY MEDICAL SCHOOL, AND THE MEDICAL AND CHIRURGICAL FACULTY; AND THAT THE PRESIDENT OF THE FACULTY BE EMPOWERED TO APPOINT A FACT FINDING COMMITTEE TO INVESTIGATE POSTGRADUATE EDUCATION IN THE STATE OF MARYLAND AND REPORT ITS FINDINGS AND RECOMMENDATIONS TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING IN 1955. SECONDED BY DR. THOMAS A. CHRISTENSEN. During the discussion it was pointed out that this service was being offered to the membership of the profession throughout the State as a coordinated effort by the two medical schools and the Medical and Chirurgical Faculty. Dr. Bubert requested that the report state that the Postgraduate Committee of the University of Maryland would support this plan to the amount of $400.00 should be changed to read that the Postgraduate Committee WILL support this program to the amount of $400.00. THE MOTION WAS CARRIED.

Dr. A. Austin Pearre presented to the House of Delegates the suggested amendments to the Constitution and By-Laws. (See page 532.)

Dr. Pearre then read the following, and explained that if this is adopted, it will permit greater freedom of choice of place and time for the Annual Meeting, but as this is in the Constitution, final action may not be taken until April, 1955:

ARTICLE VIII—Sessions and Meetings

Section 1.

The Annual Meeting of the Faculty shall be held AT A PLACE AND time to be designated each year by the President of the Faculty and the Council at, or preceding, the June Meeting of the Council, and the Semiannual meetings may be called at such time and place as the Council may designate. During these meetings there shall

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* Key for minutes:

Recommendations and Resolutions are printed in italics.
Motions are printed in "caps" and "small caps."
Action of Resolutions Committee is printed in large italics.
Amendments to Constitution and By-Laws are printed in "caps."

be held daily General Sessions which may be open to all registered members and guests.

Amendment:

Deleted: in the City of Baltimore in the Spring, the

DR. M. P. JOHNSON MOVED THAT THIS AMENDMENT BE APPROVED FOR ADOPTION AT THE ANNUAL MEETING OF THIS BODY IN APRIL 1955. SECONDED BY DR. G. H. YEAGER AND CARRIED.

Dr. Pearre presented the following amendments to the Constitution explaining that this is for clarification of the English and that he had suggested before that as through the years the Constitution and By-Laws had been changed and that in some cases the English was not "too pure" that he would suggest again that it might be worthwhile to have these gone over and a Committee edit and rewrite but not to change the meaning.

ARTICLE VIII

Section 2.

Special meetings of either the Faculty or of the House of Delegates may be called by the President or on petition of 10 delegates or OF 50 members respectively.

Amendment:

Insert "of" before "50 members respectively."

Dr. Austrian suggested inserting OF before the House of Delegates. DR. RODMAN MOVED THAT THE HOUSE OF DELEGATES APPROVE THIS AMENDMENT AND TO HAVE FINAL ACTION AT THE APRIL 1955 MEETING. SECONDED AND CARRIED.

ARTICLE XII—Referendum

Section 2.

The House of Delegates may, by a VOTE OF two-thirds of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

Amendment:

Change: "two-thirds vote" to read "vote of two-thirds."

ARTICLE XIV—Amendments

The House of Delegates may amend any article of this Constitution by a VOTE OF two-thirds of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

Amendment:

Change: "two-thirds vote" to read "vote of two-thirds."

DR. HULL MOVED THAT THESE AMENDMENTS BE APPROVED FOR FINAL ACTION BY THE HOUSE OF DELEGATES IN APRIL 1955. SECONDED AND CARRIED.

Dr. Pearre explained that on the following amendments to the By-Laws, the House of Delegates may take final action today as these amendments were mailed to all delegates and component societies thirty days before this meeting. He explained that these amendments if adopted would give more flexibility to the time for the meeting of the Council and the House of Delegates.

CHAPTER IV—House of Delegates

Section 1.

The House of Delegates shall meet DURING THE ANNUAL AND SEMIANNUAL MEETINGS OF THE FACULTY. AT THE ANNUAL MEETING, THE HOUSE OF DELEGATES SHALL MEET ON THE OPENING (FIRST) DAY. It may adjourn TO RECONVENE from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

Amendment:

Delete: at 2 p.m. on the day fixed as the first day of the meeting

DR. PETER P. RODMAN MOVED THAT THIS AMENDMENT BE ADOPTED. SECONDED BY DR. G. H. YEAGER AND CARRIED.

CHAPTER V—Election of Officers

Section 2.

The recommendations of the Nominating Committee shall be presented AT THE ANNUAL MEETING, AT THE FIRST MEETING OF THE HOUSE OF DELEGATES after which the President is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Amendment:

Delete: to the House of Delegates at its second session.

ON MOTION, DULY SECONDED AND CARRIED, THE ABOVE AMENDMENT WAS ADOPTED.

Section 3.

The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes AT THE LAST MEETING OF THE HOUSE OF DELEGATES AT THE ANNUAL MEETING.

Amendment:

Deleted: on the morning of the last day of the general session.

ON MOTION OF DR. T. A. CHRISTENSEN, SECONDED BY DR. HARRY C. HULL, AND CARRIED, THIS AMENDMENT WAS ADOPTED.

Section 5.

The members of the Board of Medical Examiners of Maryland shall be nominated at the first meeting of the House of Delegates and presented to the entire Faculty at the regular Annual Meeting. Additional nominations for the Board of Medical Examiners may be made from the floor at the General Meeting just preceding the election. Such members nominated for the State Board of Medical Examiners shall be voted upon at ONE OF THE GENERAL MEETINGS DURING THE ANNUAL MEETING.

Amendment:

Deleted: one o'clock of the second day of the Annual Meeting.

DR. PETER P. RODMAN MOVED THAT THIS AMENDMENT BE ADOPTED, SECONDED BY DR. A. O. WOODDY AND CARRIED.

CHAPTER VIII—Standing Committees

Section 5. *Nominating Committee*

The President shall appoint, at the end of his term of office in December, a Nominating Committee of five members.

It shall be the duty of this Committee to consider and prepare a list of members as nominees to fill the various offices. This list is to be printed in the program of the Annual Meeting, and mailed to each member at least ten days before the Annual Meeting. It is to be presented to the House of Delegates at its FIRST MEETING; the election is to occur according to Chapter V of the By-Laws.

Amendment:

Deleted: second session

DR. JOHN M. HAWS MOVED THAT THE ABOVE AMENDMENT BE ADOPTED, SECONDED AND CARRIED.

The Secretary reported to the House of Delegates that as a result of the report made by Dr. E. C. Andrus, Chairman of the Council, at the last meeting of the House of Delegates regarding the difficulty which the State Society has had in determining the eligibility for defense of physicians because of the lack of adequate clarification on the part of the component societies of the time the dues were paid that a change in the billing procedure had been suggested. Following is a letter sent by the Secretary on June 24, 1954, to the Secretaries, Treasurers and Presidents of the component societies.

Dear Doctor:

From time to time it is exceedingly difficult for the Council to determine the eligibility for Physicians' Defense of some of the Society's members. This stems, primarily, from the fact that some Components have no record of the date of receipt of a member's check for payment of dues. When State dues are forwarded to this office by the Component Secretary-Treasurer after the deadline date of January 31st, the membership cards state "The holder of this card is NOT entitled to Physicians' Defense" unless the Component Secretary-Treasurer has indicated that payment was made within the time limit. Error in not showing eligibility when warranted is embarrassing to the physician member, the Component Society, and the State office.

In order to correct this condition, the Council of the Medical and Chirurgical Faculty suggests that the Component Societies consider a different method of billing, whereby all members of the State Society would be billed through the Faculty office. Such bills would include State dues, Component dues, and special assessments. They would be mailed from the Faculty office direct to the member in accordance with a roster supplied to us by the Component Society. Members would make payment for all dues and assessments to the State office. Component dues and local assessments would then be forwarded from this office to the Component Secretary-Treasurer with a copy of the original roster showing payments received.

It is felt that such a procedure would not only provide more accurate bookkeeping and correct the current difficulties, but also would relieve the Component Secretary-Treasurer of a great deal of time consuming paper work and unnecessary responsibility. The Council does not wish to dictate to the Component Society, but offers this plan for your consideration. Will you present it to your officers and, if possible, to your Society at your earliest opportunity, and return your approval, disapproval, or suggestions, to this office at an early date, preferably by August 15, 1954? If the majority of Component Societies approve this plan, the Constitution and By-Laws Committee will be asked to investigate the necessary changes to activate this plan. The proposed amendments could then be brought to the Semiannual Meeting in September for full discussion by the delegates.

Thank you for your cooperation.

Sincerely yours,
Everett S. Diggs, M.D., *Secretary*

The reports received from the counties was given:

8 counties sent in approval
2 counties did not approve
1 county would take no official action until after its October meeting
11 counties did not reply

Since it had been the plan of the Secretary to put this change in billing in effect as of January 1, 1955, providing there was a majority approval and since the reports had not been received from the majority of the component societies, it was felt unwise to attempt any change before 1956. The Secretary requested discussion of the proposed change of the billing and, if agreed upon by the delegates, that final action be deferred until the component societies have opportunity to discuss this problem in the regular meetings of the component societies. Considerable discussion followed, both pro and con, on the proposed change. Dr. Moyers suggested that the State submit its bill for the State dues and leave the collection of component dues and special assessments to the component societies. The delegate from Worcester County (Dr. Clifford F. Schott) suggested that two checks be submitted by the members—one for State dues made out to the State Society and forwarded through the component society and the second check would be made out to and handled entirely by the component society. Several of the counties felt that their bookkeeping facilities were adequate and that the additional burden being placed on State office was not necessary, and in the long run probably would increase the cost of running the Faculty and therefore would increase the amount of the dues. It was suggested by Dr. William W. Welsh of Montgomery County that the action apply only to those who wish the State office to collect the dues and the remainder, of which Montgomery County would be one, be allowed to handle collection of dues on the local level. The Secretary pointed out that because of the Constitution and By-Laws and because of amendments which would be necessary that this would have to be universal and any attempt to have multiple billing would add to the confusion. DR. MONTE EDWARDS MOVED THAT THIS MATTER BE DEFERRED FOR FURTHER DISCUSSION AT A FUTURE DATE. SECONDED AND CARRIED.

THE HOUSE OF DELEGATES ON RECOMMENDATION OF THE COUNCIL GRANTED EMERITUS MEMBERSHIP TO THE FOLLOWING:

DR. R. L. PERKINS, ROYAL OAK, TALBOT COUNTY
DR. MOSES BREITSTEIN, BALTIMORE
DR. I. O. RIDGELY, BALTIMORE

Dr. Robert V. Campbell, Chairman of the Resolutions Committee, reported to the House of Delegates regarding the resolutions which had been considered by his Committee.

The first resolution has been submitted by a Special Committee appointed by the President to confer with members of the Board of Medical Examiners regarding the proposed annual registration of physicians. The following resolution* was read:

WHEREAS, The Board of Medical Examiners of Maryland believes it is highly desirable to have instituted a program of Annual Registration of Physicians practicing in Maryland, and

WHEREAS, The said Board of Medical Examiners of Maryland is proposing that such a plan be adopted for the following reasons:

1. *There is no way at present of knowing how many physicians are in the State of Maryland, and their location. The only way an accurate list of the medical resources of the State, and of the distribution of these resources, can be obtained and maintained is by a periodic registration.*
2. *There is no way of determining the status of a physician as to whether or not he is in active practice, retired or deceased. An annual registration would provide and maintain an accurate record of this status at all times.*
3. *Thirty-three States and District of Columbia, Alaska and Hawaii have enacted laws requiring Annual (or other periodic) Registration and have found this desirable and helpful toward filling a great need in administering the Medical Practice Acts in those states and territories.*
4. *Such a list would call the attention of the Board of Medical Examiners to those individuals, who apply for re-registration after discontinuing practice because of acts involving unprofessional or dishonorable conduct, or acts involving moral turpitude. The Board would thereby be in position to survey this group more closely prior to permitting them to re-enter practice.*
5. *Annual Registration would enable the Board of Medical Examiners to cope with individuals who re-enter the State of Maryland after having practiced elsewhere and who during their practice out of this State, become involved in those conditions mentioned in the paragraph immediately preceding.*

AND,

WHEREAS, A Committee appointed by the President of the Medical and Chirurgical Faculty to consider a plan for the annual registration of physicians practicing in Maryland, has, after discussion with a Committee of the Board of Medical Examiners of Maryland, reached the conclusion that the proposal be supported by the Medical and Chirurgical Faculty for the reasons given above.

NOW, THEREFORE, BE IT RESOLVED, That the House of Delegates of the Medical and Chirurgical Faculty, at its Semiannual Meeting held in Hagerstown, Maryland, on September 30, 1954, approves the plan for the Annual Registration of Physicians practicing in Maryland, and adopts the Report of the Special Committee appointed by the President of the Faculty to consider this matter; and

BE IT FURTHER RESOLVED, that the Medical and Chirurgical Faculty support such appropriate legislation as may be proposed by the Board of Medical Examiners of Maryland to implement, a plan for the Annual Registration of Physicians practicing in Maryland; and

BE IT FURTHER RESOLVED, That a copy of this Resolution be sent to the Board of Medical Examiners of Maryland.

THE RESOLUTIONS COMMITTEE RECOMMENDED THAT IT BE APPROVED.

Dr. Diggs, the Chairman of the Special Committee, gave to the House of Delegates a summary of the reason for the appointment of this Committee and pointed out that an attempt had been made to have the decision of acceptance or rejection of this proposed annual registration of physicians decided by the delegates as representative of the action desired by each component medical society, therefore the minutes of this Committee and the resolution resulting from this Committee had been mailed to each delegate and to the officials of the component medical societies in July. The reaction had been quite varied and many misconceptions of the purpose and mechanism whereby registration could be accomplished had arisen. It was hoped that sufficient discussion would result to clarify the misconceptions to give the delegates a clear picture of what the Board of Medical Examiners was requesting in proposing annual registration. At the request of Dr. Kneisley, Dr. E. H. Kloman, the President of the Board of Medical Examiners of Maryland, addressed the House of Delegates to the effect that the Board felt that annual registration was a good thing, that it was needed and that the present proposal was a satisfactory one, however he emphasized the fact that the House of Delegates should be in full accord that this was desirable and the proposed plan would be effective or they should defer any action until complete clarification could be given. The privileges of the floor were given to Dr. Karl Mech, the Chairman of the Legislative Committee and the Committee to Cooperate with the Board of Medical Examiners in Re-Writing the Medical Practice Act, who stated that he felt that action now was imperative so that all changes in the Medical Practice Act should be made at one time rather than repeatedly going to the Legislature for one thing one year and other changes for another thing in other years. Dr. Jacob C. Handelsman, of Baltimore City, summarized the apparent consensus of opinion of a great many of the delegates by stating that a number of the delegates were concerned over the intent of registration although it was evident that some type of census was necessary and in order. He pointed out that the Medical Practice Act gives more power than is true in most States and many of the delegates were hesitant to go along with the change in the law which would give this Board more freedom than they already had. Dr. Bubert felt that the delegates should know in detail the exact wording of any law on which they would be expected to vote. Dr. Welsh stated that Montgomery County was in favor of the procedure of registration with some restrictions, that the rights of a physician whose registration might be withheld should be defined more clearly.

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* Committee appointed to confer with the Board of Medical Examiners, as authorized by the House of Delegates, April 28, 1954: Dr. Everett S. Diggs, *Chairman*, Dr. Ernest F. Poole, and Mr. Walter N. Kirkman.

Representatives of Board of Medical Examiners, Dr. E. H. Kloman, Dr. L. P. Gundry, and Miss H. McCarthy.

He also felt that the law should state specifically a maximum of $3.00 should be set as the fee. It was pointed out by Dr. R. N. Calvert that regardless of whether one lived in Maryland or elsewhere your registration could be maintained by paying a registration fee and therefore did not accomplish one of the prime purposes of this procedure. Dr. Harry Hull called for the question. Dr. M. P. Johnson moved that the resolution be tabled, seconded by Dr. Classen, and carried. After considerable discussion regarding parliamentary procedure, the Chair ruled that the motion on tabling was not open for discussion and called for a vote. AFTER A VOICE VOTE, THE CHAIRMAN CALLED FOR A STANDING VOTE AND THE MOTION THAT THE RESOLUTION BE TABLED WAS APPROVED BY A VOTE OF 41 TO 23.

DR. BUBERT THEN MOVED THAT THE LEGISLATIVE COMMITTEE BE INSTRUCTED TO PROPOSE AN ACTUAL ACT IN DETAIL FOR CONSIDERATION BY THE HOUSE OF DELEGATES. SECONDED AND CARRIED. Dr. Rodman suggested that such an act should contain the proviso for a hearing of any physician whose license was not to be reinstated, such hearing being allowed before any action could be taken. He further suggested that a proviso be made that there should be a waiting period before action could be taken, and he further suggested that the proviso be made for the right of appeal. Dr. Shackelford pointed out that the Medical and Chirurgical Faculty had complete confidence in the Board of Medical Examiners, but likewise pointed out it would be quite possible for a Board to be elected in which such confidence could not be placed. He felt to write into the law this great power delegated to a small group of representatives was not wise. He felt that a change of State Government might bring about loss of control of the State Board of Medical Examiners by the State and that should such occur the effect of this being written into the Medical Practice Act could be disastrous to the medical profession. He further proposed that the burden for not reissuing certificates of registration should rest with those taking away the license and that such a mechanism should be written into the proposed law. He reiterated the fact that the aims of the proposed registration were good but other methods accomplishing the same thing should be tried. Dr. Gundry pointed out that registration should be automatic and that in order for a registration to be withheld, the same procedure would be necessary as is used to revoke a license, which is as follows: (a) Send due notice of the complaint and the charge against the accused person; (b) to hold a meeting at which the accused person would be given an opportunity to testify in his own behalf and have witnesses to testify also, if he wished; (c) after action by the Board, the accused person would have 60 days within which to appeal from the decision of the Board. THE QUESTION WAS CALLED FOR AND THE MOTION WAS CARRIED THAT THE LEGISLATIVE COMMITTEE IS TO SUBMIT A LAW TO THE HOUSE OF DELEGATES.

Dr. Campbell then read the following resolution submitted by the Baltimore County Medical Association regarding a fee for service plan being adopted throughout the State for the payment of medical care of the indigent:

"WHEREAS there are existing in the State of Maryland at the present time two diametrically opposite plans for the care of the medically indigent persons of this state; one known as the 'Fee for Services Plan' and the other known as 'Per Capita Plan,' and,

"WHEREAS the Baltimore County Medical Association, Inc. is of the opinion that it would be to the best interest of the medical profession, the participating doctors in the Medical Care Plans and to the individual doctor, as well as to the best interest of the medically indigent persons and the taxpayers of the State of Maryland that there should be one uniform plan adopted throughout the State by all of the several counties and Baltimore City, Now Therefore Be It

"RESOLVED that the Baltimore County Medical Association, Inc., be placed officially on record as recommending that the Medical and Chirurgical Faculty (House of Delegates) approve the Fee For Service Plan as the most efficiently and economically operated Medical Care Plan in the State, and that the said Faculty report its approval of such Plan to the State Legislature, to the Medical Associations of the several counties of Maryland and Baltimore City, together with its recommendations for Statewide use of such Plan throughout the counties of Maryland and Baltimore City for the rendition of Medical Services to the medically indigent persons of Maryland."

THE RESOLUTIONS COMMITTEE MOVED THAT THIS RESOLUTION BE DISAPPROVED. Seconded by Dr. Christensen. Dr. Wilson Grubb pointed out that this discussion involves Baltimore City entirely and if Baltimore City is satisfied with the Plan, then any comments about the Plan should be in the form of suggestions rather than by action of the State as a whole. Dr. M. B. Davis, Baltimore County, discussed the Medical Care Plan and the methods of payment and felt that he has never been given any reason why the matter of the use of a panel system should continue in Baltimore City and he requested that Dr. Fort give the House of Delegates a report from the Committee of the Baltimore City Medical Society. Dr. Fort summarized the findings of his Committee and he finally stated that the Medical Care Plan needs evolution and not revolution. DR. PIERPONT MOVED THAT THE RESOLUTION BE TABLED. A STANDING VOTE OF 43 TO 19 CARRIED THIS MOTION.

Dr. Campbell read the following resolution submitted by the Baltimore County Medical Association regarding the use of laboratory facilities of the State Department of Health:

"WHEREAS it has come to the attention of the Baltimore County Medical Association, Inc., that there are doctors in Baltimore County as well as elsewhere throughout the State who are using the facilities of the State Health Department Laboratories to obtain tests for purposes other than those for which the laboratories were originally established, and

"WHEREAS it is the opinion of the members of the Baltimore County Medical Association that such misuse of these facilities should cease and desist immediately. NOW THEREFORE BE IT

"RESOLVED that the State Health Department Laboratories confine the scope of their activities and adhere to their original purpose for which they were established to wit: to run laboratory tests for contagious diseases and conditions of affecting public health and handling all laboratory tests for medical care cases provided that in the case of medical care patients the case number shall appear on the laboratory request

sheet and provided further that a copy of this resolution be sent by the Secretary of the Baltimore County Medical Association, Inc., to the State Health Department and to the Medical and Chirurgical Faculty of the State of Maryland."

DR. CAMPBELL STATED THAT HIS COMMITTEE DID NOT APPROVE AND THEREFORE MOVED THAT THE HOUSE OF DELEGATES DISAPPROVE OF THIS RESOLUTION. Seconded by Dr. William W. Welsh. Dr. Fort said that there was no doubt that there had been abuses by the State Department of Health and that many physicians had contributed to it. He suggested that a Committee be appointed to get detailed information regarding this. It was the consensus of opinion that violations were occurring but the present resolution was not clear enough in its definitions nor descriptions. It was pointed out by Dr. McDonnell that this was not a local problem but was throughout the State. DR. JOHN SAVAGE MOVED THAT THIS MATTER BE REFERRED TO THE ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH FOR FURTHER STUDY AND REPORT BACK TO THIS BODY. SECONDED AND CARRIED.

Dr. B. C. Compton, Chairman of the Committee on Scientific Work and Arrangements, requested the floor and reported to the House of Delegates his gratitude for the expression of appreciation from the House of Delegates. *He proposed a vote of thanks by the House of Delegates to the Director and most particularly to the ladies in the office and to the janitorial staff for their cooperation in making his work possible.* THE REPORT WAS ADOPTED.

It was reported by the Secretary to the House of Delegates that an invitation had been extended by the Council for the Faculty to the Southern Medical Association to hold its 1956 Annual Meeting in Baltimore.

It was likewise reported to the House of Delegates that the Council reaffirmed the Faculty's approval of the Board of Medical Examiners of Maryland as to its policy of revocation of licenses to practice medicine and surgery of those physicians who have been convicted of income tax evasion. The motion was read to the House of Delegates.

THE RECOMMENDATION BY THE COUNCIL OF THE SUGGESTIONS OF DR. G. H. YEAGER, THE INCOMING PRESIDENT, THAT THE FOLLOWING COMMITTEES BE DISCHARGED—CANCER COMMITTEE, COMMITTEE ON MEDICAL RESEARCH, SCIENTIFIC SPEAKERS BUREAU, WAS APPROVED BY THE HOUSE OF DELEGATES ON MOTION OF DR. CHRISTENSEN AND SECONDED BY DR. BUBERT.

DR. PIERPONT MOVED THAT A COMMITTEE BE APPOINTED TO INVESTIGATE THE MEDICAL CARE PLAN AND REPORT BACK TO THE HOUSE OF DELEGATES. DR. FORT SECONDED THE MOTION, BUT AMENDED IT TO INCLUDE THAT TWO GENERAL PRACTITIONERS BE ON THE COMMITTEE. THE AMENDED MOTION WAS SECONDED AND CARRIED.

The meeting adjourned at 12:15 p.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

REPORTS

To the House of Delegates

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

Our Committee has been requested to submit several amendments to the Constitution and By-Laws. The following recommendations are made in reference to the Constitution. These are brought to your attention today and, if approved, final action will be taken on them at the Annual Meeting in 1955.

The amendment to Article VIII, Section 1, has been requested in order to permit greater freedom of choice of place and time for Annual Meeting. (Amendments appear in Capital Letters.)

ARTICLE VIII—Sessions and Meetings

Section 1.

The Annual Meeting of the Faculty shall be held AT A PLACE AND time to be designated each year by the President of the Faculty and the Council at, or preceding, the June Meeting of the Council, and the Semiannual meetings may be called at such time and place as the Council may designate. During these meetings there shall be held daily General Sessions which may be open to all registered members and guests.

Amendment:

Deleted: "in the City of Baltimore in the Spring, the," which appeared before "At A Place and."

The following amendments are for clarification of English. It was previously pointed out by our Committee that, as through the years the Constitution and By-Laws had been changed and, therefore, in some cases the English is not "too pure" so the Committee wishes to again suggest that it might be worthwhile to have the Committee edit and rewrite some of the phraseology, but not to change the meanings.

ARTICLE VIII—Sessions and Meetings

Section 2.

Special meetings of either the Faculty or the House of Delegates may be called by the President or on petition of 10 delegates or OF 50 members respectively.

Amendment:

Insert "of" before "50 members respectively."

ARTICLE XII—Referendum

Section 2.

The House of Delegates may, by a VOTE OF two-thirds of its own members, submit any question before it

to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

Amendment:

Change: "two-thirds vote" to read "vote of two-thirds."

ARTICLE XIV—Amendments

The House of Delegates may amend any article of this Constitution by a VOTE OF two-thirds of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

Amendment:

Change: "two-thirds vote" to read "vote of two-thirds."

In Chapters IV, V, and VIII of the By-Laws the following amendments have been suggested in order to give more flexibility to the time for the meetings of the Council and House of Delegates. (Amendments appear in Capital Letters.)

CHAPTER IV—House of Delegates

Section 1.

The House of Delegates shall meet DURING THE ANNUAL AND SEMIANNUAL MEETINGS of the Faculty. AT THE ANNUAL MEETING, THE HOUSE OF DELEGATES SHALL MEET ON THE OPENING (FIRST) DAY. It may adjourn TO RECONVENE from time to time as may be necessary to complete its business, provided, that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

Amendment:

Delete: "at 2 p.m. on the day fixed as the first day of the meeting," which appeared in place of above wording in capital letters.

CHAPTER V—Election of Officers

Section 2.

The recommendations of the Nominating Committee shall be presented AT THE ANNUAL MEETING, AT THE FIRST MEETING OF THE HOUSE OF DELEGATES after which the President is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Amendment:

Delete: to the House of Delegates at its second session

Section 3.

The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes AT THE LAST MEETING OF THE HOUSE OF DELEGATES AT THE ANNUAL MEETING.

Amendment:

Deleted: on the morning of the last day of the general session.

Section 5.

The members of the Board of Medical Examiners of Maryland shall be nominated at the first meeting of the House of Delegates and presented to the entire Faculty at the regular Annual Meeting. Additional nominations for the Board of Medical Examiners may be made from the floor at the General Meeting just preceding the election. Such members nominated for the State Board of Medical Examiners shall be voted upon at ONE OF THE GENERAL MEETINGS DURING THE ANNUAL MEETING.

Amendment:

Deleted: "one o'clock of the second day of the Annual Meeting," which appeared in place of above wording in capital letters.

CHAPTER VIII—Standing Committees

Section 5. *Nominating Committee.*

The President shall appoint, at the end of his term of office in December, a Nominating Committee of five members.

It shall be the duty of this Committee to consider and prepare a list of members as nominees to fill the various offices. This list is to be printed in the program of the Annual Meeting, and mailed to each member at least ten days before the Annual Meeting. It is to be presented to the House of Delegates at its FIRST MEETING; the election is to occur according to Chapter V of the By-Laws.

Amendment:

Deleted: "second session," which appeared in place of above wording in capital letters.

These amendments to the By-Laws are presented for final action at this Semiannual Meeting as the amendments were officially sent to all delegates thirty days prior to September 30, 1954.

Respectfully submitted,

A. Austin Pearre, M.D., *Chairman*
E. Cowles Andrus, M.D.
Donald Hooker, M.D.
W. Houston Toulson, M.D.

POSTGRADUATE COMMITTEE*

Mr. President and Members of the House of Delegates:

In June of 1954 Dr. Bender B. Kneisley, the President of the Medical and Chirurgical Faculty, asked me if I would assume the chairmanship of a Postgraduate Educational Committee of the Medical and Chirurgical Faculty. Because there was some doubt in our minds whether there is a need for such a Committee, it was deemed advisable to send out questionnaire cards to the members of the Medical and Chirurgical Faculty asking if they would be interested in attending a postgraduate program. The response from this was 991 cards returned from a membership of 2500, and the following is a breakdown of these returns:

768 members wished to have a postgraduate day

* Pending action of House of Delegates, Dr. B. B. Kneisley, the President, had not appointed a Postgraduate Committee, except the Chairman. The Fact-Finding Committee to Investigate Postgraduate Education was appointed September 30, 1954.

696 members would try to attend
132 members did not wish to have one
190 members had no intention of attending

In July a questionnaire card was sent to 44 hospitals in the State asking if there were a postgraduate program in their hospital. There were 35 replies received, of which 7 hospitals had a postgraduate course and 28 did not.

On August 5, 1954 about thirty people interested in postgraduate education met with Dr. Douglas D. Vollan, Assistant Secretary of the Council on Medical Education and Hospitals of the American Medical Association, from Chicago. It was brought to the attention of all those present that a coordinating board of Postgraduate Education at the State level is of utmost importance. We should try first to find the needs of the physicians throughout the State and the faculty resources from the two medical schools available to carry out such a program.

On September 7th a small group met with Dr. Kneisley. This consisted of Dr. C. Lockard Conley of the Johns Hopkins Medical School; Dr. Howard M. Bubert representing the University of Maryland Medical School; Dr. George H. Yeager, incoming President of the Medical and Chirurgical Faculty; Dr. Edwin H. Stewart, Jr., Chairman of the Postgraduate Committee of the Faculty; and Mr. W. N. Kirkman, Director of the Medical and Chirurgical Faculty. It was suggested at this meeting that a recommendation be made to the House of Delegates authorizing the appointment of a Committee to create a central registry to serve as a clearing house for all Postgraduate Education in the State. This registry would serve jointly with the University of Maryland to further study Postgraduate Education. Each month for eight months during the school year, a program would be sent to each member of the Medical and Chirurgical Faculty listing courses and facilities available. It was estimated that this cost would run about $800.00. It was further hoped that the University of Maryland Postgraduate Committee and the Medical and Chirurgical Faculty would jointly share this expense.

This group approved of the joint sponsorship of the registry to be supported by the Medical and Chirurgical Faculty, and it is hoped by the University of Maryland Postgraduate Committee. This proposed program has been submitted for consideration to the Council of the Medical and Chirurgical Faculty, the Postgraduate Committee of the University of Maryland Medical School, and representatives of The Johns Hopkins University Medical School—and cooperation has been promised by all of these groups.

The Committee should be appointed by the President of the Medical and Chirurgical Faculty and have representatives from the two medical schools, Maryland Academy of General Practice, Medical and Chirurgical Faculty and the Baltimore City Medical Society. With the establishment of a central registry, it is hoped that it will serve as a stepping stone to adequate coordination and correlation of Postgraduate Education in the State of Maryland.

It is sincerely hoped that this will meet with the approval of the House of Delegates, as it will be of service to the members of the Medical and Chirurgical Faculty.

Respectfully submitted,
EDWIN H. STEWART, JR., M.D., *Chairman*

RESOLUTIONS COMMITTEE*

Mr. President and Members of the House of Delegates:

The Resolutions Committee submits the following report: The Resolutions Committee moves that the Resolution concerning the Annual Registration of Physicians be approved. (See page 530.) The Resolutions Committee moves that the Resolution on the Adoption of a Uniform Fee Plan (Under Medical Care Plan) for the Indigent be disapproved. (See page 531.) The Resolutions Committee moves that the Resolution concerning the misuse of State Health Department Laboratories be disapproved, based on the fact that the problem has been inadequately studied and stated. (See page 531.)

Respectfully submitted,
ROBERT V. CAMPBELL, M.D., *Chairman*
CHARLES R. AUSTRIAN, M.D.
WHITMER B. FIROR, M.D.
I. RIVERS HANSON, M.D.
M. C. PORTERFIELD, M.D.

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* The complete resolutions are omitted from this report as they are printed in full in the minutes of the House of Delegates. (See page 527.)

Special Features

*Semiannual Meeting**

September 30, 1954

PRESENTATION BY DR. J. A. CHATARD TO DR. PEREGRINE WROTH, JR. OF A LEATHER BOUND NOTEBOOK

After many years of membership in the Medical and Chirurgical Faculty, the Council appointed me as Curator; and of course, I am always anxious to have gifts for the Medical and Chirurgical Faculty.

Mr. Kirkman received a letter from Dr. William Fulton saying when he was browsing through his father's old papers he came across a 3″ x 6″ leather bound notebook. The contents are in legible longhand and it is entitled "Selections from Recollections of my Life" by P. Wroth, M.D.

In Dr. Fulton's letter he pointed out that he thought the book would be of interest to the Medical and Chirurgical Faculty, as among other things, it contained the address by the President, P. Wroth to the Medical and Chirurgical Faculty in 1850 or 1851. Dr. Fulton also felt that the Maryland Historical Society might be interested. It was my feeling, and I took it up with the Council that it would be a very valuable acquisition for the Faculty. However, it was our feeling that it would be an appropriate gift "on loan" to our fellow member and good friend, Dr. Peregrine Wroth, Jr. So Perry, on behalf of the Medical and Chirurgical Faculty, I herewith present you with this precious leather bound notebook and hope that some day it may come back to the Medical and Chirurgical Faculty.

Dr. Wroth replied that this had been a great surprise to him. He pointed out that his great, great grandfather had written four volumes on his life and a great many abstracts, and one of them was this little book.

Dr. Wroth closed by saying that he would always appreciate the thoughtfulness of Dr. Chatard and other members of the Faculty in knowing that he would be interested in this little book.

PRESENTATION OF GIFTS FOR THE AMERICAN MEDICAL EDUCATION FOUNDATION AND THE BUILDING FUND OF THE MEDICAL AND CHIRURGICAL FACULTY

MRS. E. RODERICK SHIPLEY, *President*

Woman's Auxiliary to the Baltimore City Medical Society

Dr. Kneisley, Dr. Cohen, Our Hosts of Washington County, Members and Guests:

It gives me great pleasure to present two checks on this occasion. One for the amount of $500 to be added to the Building Fund and one for the amount of $200 for the "American Medical Education Foundation."

This money was raised by our ball given last April, which you all supported so well. I hope that we can give an even greater sum next year and we will with your help.

Dr. Kneisley accepted the checks with a most sincere thank you to the Auxiliary of Baltimore City.

AWARDING OF SCROLLS TO SECRETARIES OF COMPONENT SOCIETIES

WALTER N. KIRKMAN, *Director*

Medical and Chirurgical Faculty

Mr. President and Members of the Medical and Chirurgical Faculty:

The Office of Secretary of a Medical Society is an onerous one, but highly important indeed. I think the Presidents of the Component Societies would be the first ones to say that the Secretary is the force which makes the organization operate. The Secretary is the coordinator as well as the keeper of the records and archives, as well as being the official scribe; he is the main point of contact with the local society and state and national organizations; he is the recipient of complaints, and gently and with tact applies the oil of cooperation on the troubled waters of contention.

* Presentations during the Scientific Session, 2:00 p.m., Hotel Alexander, Hagerstown, Maryland.

Frequently the Secretary of a Medical Society is also the Treasurer, and he then becomes the custodian of the Society's Funds and the collector and dispensor of its monies. He must keep financial records.

In all conscience such a glory job for one year would test the loyalty and industry of any Secretary. But when any member is willing to assume and discharge the responsibilities of the Secretary of a Medical Society year after year for a long period of time we are amazed at his hardihood, his power of survival, and his devotion to his professional organization.

The County societies they serve and the State Society also are fortunate indeed that there are not less than four Secretaries, every one of whom has served twenty years or more in that high office.

Today, the Medical and Chirurgical Faculty wishes to honor and pay tribute to these men by the presentation of a scroll commemorating their long years of faithful, unselfish, and efficient service. Will Dr. J. W. Bird from Montgomery County please step forward?

In addition to his twenty-seven years as Secretary of the Montgomery County Medical Society, Dr. Bird was President of the Medical and Chirurgical Faculty in 1944, and President of the Montgomery County Medical Society in 1948. Dr. Bird can, in all truth, be called "Mr. Montgomery County."

THE MEDICAL AND CHIRURGICAL FACULTY
OF THE STATE OF MARYLAND

Presents this Certificate to

_____

in recognition of his efficient and loyal service as Secretary of the_____County Medical Society for the period_____.

By this long and faithful service

_____

has made an outstanding contribution to his profession, and to the progress achieved by the _____County Medical Society and the Medical and Chirurgical Faculty of the State of Maryland.

Presented at the Semiannual Meeting of the Medical and Chirurgical Faculty held_____.

_____
President

_____
Secretary

For many years he has been active in community and public welfare projects too numerous to mention. He is the guide, philosopher, and friend of all groups interested in bettering their communities.

Dr. Bird, on behalf of the Medical and Chirurgical Faculty, it gives me great pleasure to present to you this recognition of your valuable service.

Will Dr. Richard C. Dodson of Cecil County come forward.

Dr. Dodson was elected Secretary of the Cecil County Society in 1929 and has been in office continually since that time. Dr. Dodson likewise has been active in the civic and public affairs of his County.

Dr. Dodson, on behalf of the Medical and Chirurgical Faculty, it gives me great pleasure to present to you this recognition of your valuable services. May you continue in your present office for many more years.

Will Dr. Ernest F. Poole of Washington County come forward.

Dr. Poole, our genial host, has been Secretary of the Washington County Medical Society since 1934, or twenty years, including one year he was drafted to be the President of the Society.

Dr. Poole, in behalf of the Medical and Chirurgical Faculty, it gives me great pleasure to present to you this recognition of your valuable services. May you continue in your present office for many more years.

The next certificate is awarded to Dr. E. A. P. Jones, who from 1928 to 1948, or twenty years, was Secretary of the Dorchester County Medical Society. Dr. Jones was appointed a member of the State Board of Health by Governor Philip Lee Goldsborough about 1912. About three years later he became the first Deputy State Health officer for Dorchester County, and then County Health officer. He continued in that capacity until his retirement in 1949.

He held the full confidence and respect of the medical profession of his County and the people he served for more than thirty years.

Dr. Jones, on behalf of the Medical and Chirurgical Faculty, I am pleased to present to you this recognition of your valuable services.

If there are any other secretaries who have served twenty years or more, we would like to have that information so those men can be similarly honored.

Annual Meeting, 1955

EDITORIAL BOARD MEMBER VISITS CREATIVE ARTS SHOW*

Library Floor, 1211 Cathedral Street

LESLIE E. DAUGHERTY, M.D.

As a member of the Editorial Board of this JOURNAL and as your Journal Representative for Allegany-Garrett County, I visited the Art Exhibit in the Faculty Library, at the annual spring meeting of the Medical and Chirurgical Faculty, held in April.

Over seventy separate exhibits were hung and placed in the Faculty Library. Fifty or more Doctors' families participated and several hundred viewed the hangings.

Arriving early, it was easy to get around and see the sights. There is nothing like being alone with a work of art. If it's good, it attracts you. If not so good, you can take time to see the reason why. If it is one's best effort, it merits honor for the maker, whether it is a masterpiece or not. No artist is quite satisfied with his workmanship and rarely does he get signal honor in his lifetime—the greatest masterpieces (The Madonna and Child) have been discovered in the next or twice removed generations.

Being of an inquiring disposition, the writer just wandered in, camera in hand and looked around. Up the steps to the Library door but there's the register, so over I went and put my signature thereon. It wasn't long until there stood the

"Nobody in just yet"—Please register

Every entry nice

Mrs. Berge and Assistant

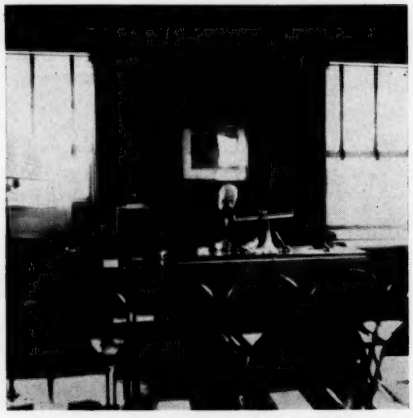
Pictures, Paintings and Statuary

* Annual Meeting, Medical and Chirurgical Faculty, April 21, 22, 23, 1955. Arranged and planned under the auspices of a Committee of the Woman's Auxiliary to the Medical and Chirurgical Faculty. (See page 579.)

Art Exhibit "Please don't touch"

Over seventy entries

Perhaps a permanent exhibit?



I make a resolution to exhibit next year

genial Mrs. Mary E. Berge, with a smile and eager look and query "Can I get you any books?". She is the Librarian, you know, and you name it and she'll send it out to you at once, with the admonition, "Please get it back on time, so someone else can have it."

Books not being my objective this morning, I quietly strolled into the Library display room, just lately filled with book shelves in most accessible manner, slightly covered now by the Art Exhibit.

A gentle reminder "Don't touch the Exhibits" stood at the door. I didn't and was thrilled just to see the lovely arrangement of all this fine work by the Woman's Auxiliary. A slow walk around the room and memories of long ago passed through my mind. Like a home, a picture is often times the very breath of the maker.

Some pictures require more time than others.

Sitting where the light comes from another direction brings out the delicate pastel shades or even bold coloring. All telling a beautiful story.

One more look before going in to pay my respects to the Librarian, Mrs. Berge and then to the next floor and a committee room, where I jotted down some notes on why I should have put in an entry and wouldn't it be nice if everyone possible did next time.

ANNUAL MEETING

GENERAL MEETING

Friday, April 22, 1955

11:00 a.m., Osler Hall, 1211 Cathedral Street

ELECTION OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND

The election for two new members of the Board of Medical Examiners of Maryland was held at 11:00 a.m., Friday, April 22, 1955. The meeting was called to order by the President, Dr. George H. Yeager. (Dr. Philibert Artigiani, Baltimore City, Dr. L. R. Schoolman, Frederick County, Dr. E. Roderick Shipley, Baltimore City, and Dr. William W. Welsh, Montgomery County, were appointed by Dr. Yeager to act as tellers.)

Two nominations were introduced from the House of Delegates which nominated Dr. John H. Hornbaker and Dr. Frank K. Morris. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Dr. John H. Hornbaker, Hagerstown (1959) and Dr. Frank K. Morris, Baltimore (1959). The Secretary was asked to cast the ballot.

Business Sessions

ANNUAL MEETING[1]

HOUSE OF DELEGATES

Deutsches Haus, Second Floor Auditorium, 1212 Cathedral Street, Baltimore

MINUTES OF THE 213th MEETING[2]

Thursday, April 21, 1955

The 213th meeting of the House of Delegates was called to order by the President, Dr. George H. Yeager, presiding, at 9:30 a.m., in the Deutsches Haus, second floor, 1212 Cathedral Street, on Thursday, April 21, 1955.

The following members registered: Doctors Warde B. Allan, Baltimore; George J. Kreis, Jr., Cecil County; Philibert Artigiani, Baltimore City; Jacob W. Bird, Montgomery County; Helen Bowie, Baltimore City; Leo Brady, Baltimore; A. Talbott Brice, Jefferson; Howard M. Bubert, Baltimore; Read N. Calvert, Montgomery County; Robert V. Campbell, Washington County; J. Albert Chatard, Baltimore; Thomas A. Christensen, College Park; John N. Classen, Baltimore City; Norman E. Sartorius, Sr., Worcester County; Frank W. Davis, Jr., Baltimore City; Ernest I. Cornbrooks, Jr., Baltimore City; Melvin B. Davis, Baltimore County; Everett S. Diggs, Secretary, Baltimore; Warfield M. Firor, Chairman of Council; Whitmer B. Firor, Baltimore; Palmer H. Futcher, Baltimore City; Francis W. Gluck, Baltimore City; Jacob C. Handelsman, Baltimore City; Leslie E. Daugherty, Allegany-Garrett County; Thurston Harrison, Talbot County; Gustav Highstein, Baltimore City; W. R. Hodges, Allegany-Garrett County; J. Ralph Horky, Harford County; Clewell Howell, Towson; Harry C. Hull, Baltimore; R. D. Jandorf, Baltimore City; Hugh J. Jewett, Baltimore; Fred M. Johnson, Charles County; Marius P. Johnson, Baltimore City; George S. M. Kieffer, Baltimore County; R. F. Kieffer, Jr., Baltimore City; Bender B. Kneisley, Hagerstown; Louis Krause, Baltimore; Ephraim T. Lisansky, Baltimore City; William B. Long, Salisbury; Robert E. Mason, Baltimore City; Charlotte McCarthy, Baltimore City; W. O. McLane, Frostburg; Randall McLaughlin, Anne Arundel County; R. S. McVaugh, Carroll County; Fred A. Miller, Dorchester County; John G. Ball, Montgomery County; Edward H. Richardson, Jr., Baltimore City; Frank K. Morris, Baltimore City; Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's County; C. F. O'Donnell, Baltimore County; Leslie H. Pierce, Baltimore City; Samuel T. R. Revell, Jr., Baltimore City; L. R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Norman E. Sartorius, Jr., Pocomoke City; Stedman W. Smith, Wicomico County; W. Glenn Speicher, Westminster; Omar D. Sprecher, Jr., Washington County; Samuel J. N. Sugar, Prince George's County; W. Houston Toulson, Baltimore; George J. Weems, Calvert County; William W. Welsh, Montgomery County; A. F. Whitsitt, Kent County; C. H. Winnacott, Caroline County; Walter D. Wise, Baltimore; George H. Yeager, President, Baltimore; John D. Young, Jr., Baltimore City; Ralph J. Young, Baltimore City; Lewis P. Gundry, Board of Medical Examiners.

The President turned the floor over to Dr. B. B. Kneisley, the Immediate Past President, who complimented the Faculty in its choice of Dr. Yeager as President and praised Dr. Yeager for his past efforts as Secretary of the Faculty and as Editor of the MARYLAND STATE MEDICAL JOURNAL. He presented to Dr. Yeager the gavel, the symbol of authority given as a token of high regard which the members have for Dr. Yeager as their new President. Dr. Yeager accepted the gavel stating that he was not unaware of the honor and expressed his hope that he would live up to his predecessors, particularly the example set by Dr. Kneisley in his very effective role as President.

Announcements were then made regarding registration of delegates, privileges of the floor, submitting motions in writing, etc.

ON MOTION BY DR. CHRISTENSEN, SECONDED BY DR. MOYERS, IT WAS CARRIED THAT THE MINUTES BE APPROVED AS MIMEOGRAPHED AND DISTRIBUTED.

The President then called to the attention of the delegates the fact that there are forty-five reports, besides that of the Nominating Committee, to be presented. Certain reports require definitive action and are as follows: Secretary, Council, Delegates to the American Medical Association, Committee on Constitution and By-Laws, Tuberculosis Committee, Committee to Study Blue Cross and Blue Shield in Maryland, Committee to Confer with Blue Cross and Blue Shield in Regard to Radiological Section Resolution, Committee to Study the Medical Care Plan, Fact-Finding Committee to

[1] Presidential Address and Lectureships delivered at the Scientific Sessions published in August 1954 MARYLAND STATE MEDICAL JOURNAL.

[2] Key for minutes:

Recommendations and Resolutions are printed in italics.

Motions are printed in "caps" and "small caps."

Action of Resolutions Committee is printed in large italics.

Amendments to Constitution and By-Laws are printed in "caps."

Investigate Postgraduate Education, Committee to Study Availability of Prepayment Insurance in Rural Areas, and in addition, the Advisory Committee to the State Department of Health. (See complete reports, beginning on page 550.)

IT WAS MOVED BY DR. LEO BRADY, SECONDED BY DR. WILLIAM M. WELSH, THAT THESE REPORTS BE MADE INDIVIDUALLY AND THE REMAINING REPORTS, WHICH ARE AS FOLLOWS, BE ACCEPTED AS SUMMARIZED: Treasurer, Board of Medical Examiners, Library and Finney Fund Committees, Army Medical Library, Blood Bank Advisory Committee, Budget Committee, Eugene Fauntleroy Cordell Fund Committee, Curator, Committee on Diabetes, Editor of the MARYLAND STATE MEDICAL JOURNAL, Geriatrics Committee, Committee on Industrial Health, Legislative Committee, Maryland Medical Service, Inc., and Maryland Hospital Service, Inc., Maternal and Child Welfare Committee, Medical Advisory Committee to Selective Service, Joint Committee with the Bar Associations on Medicolegal Problems, Mental Hygiene Committee, Committee on National Emergency Medical Service, New Building Committee and its subcommittees on Finance and Building Plans, Committee for the Study of Pelvic Cancer, Professional Conduct Committee, Committee on Public Instruction, Committee to Consider the Relationship Between Hospital and Specialties and the Manner of Payment for Professional Services, Committee on Rural Medicine, Advisory Committee to State Accident Fund, Committee on Veterans' Medical Care, Advisory Committee to Woman's Auxiliary, Committee for Better Distribution of Doctors Throughout the State, Medical Advisory Committee to the State Department of Health in Reference to Polio Vaccine Immunization Project. (See complete reports, beginning on page 550.)

Secretary. (See page 550.) The Secretary gave his report and discussed the recommendations made concerning the procedure to govern the reports which are given at the Annual and Semiannual Meetings. The following are the recommendations:

1. *All reports are to be received in the office. Those reports which contain recommendations or resolutions must be in the office eight (8) weeks prior to the Annual or Semiannual Meeting, whichever happens to be concerned.*
2. *When the reports are received, those containing recommendations or resolutions will be sent to the Component Societies for consideration and so that the Component Delegates may be instructed if desired. These reports will also be referred to Council for discussion at its meeting one or two weeks prior to Annual or Semiannual Meeting.*
3. *Those reports which contain resolutions are to be referred to the Resolutions Committee for consideration.*
4. *The Council will refer to the Resolutions Committee any recommendations which it feels should be formulated as resolutions. The Council will also transmit to the Resolutions Committee an opinion of the policy involved in the Resolutions Committee.*
5. *Reports will be presented to the House of Delegates as usual, and it will be suggested as usual that those reports not containing recommendations or resolutions be accepted as printed and distributed.*
6. *Those reports containing recommendations or resolutions will be considered and acted upon individually by the House of Delegates.*

THIS POLICY WILL BE FOLLOWED IN ALL FUTURE MEETINGS.

ON MOTION BY DR. HARRY C. HULL AND SECONDED BY DR. MELVIN B. DAVIS, THE RECOMMENDATIONS OF THE SECRETARY WERE APPROVED.

Treasurer. (See page 552.) Dr. J. Albert Chatard commented on the report of the Treasurer, calling to the attention of the Delegates the changes incurred by selling the few odd lots of stock and purchasing bonds. He likewise called the attention of the Delegates to the pamphlet, "Fiscal Facts" which shows at a glance the finances of the Faculty. (See page 561.)

Council. (See page 562.) The Council Report was then given first by Dr. E. C. Andrus who was Chairman of the Council in 1954. He pointed out that the matter of payment of dues is somewhat complicated and the collection of dues by the central office did not meet with the approval of the Component Societies and therefore, this plan must be abandoned. Dr. Andrus called to the attention of the Delegates that Dr. J. Oliver Purvis of Annapolis has served for fifty years as a member. The selection of the panel of experts to be available as witnesses on call of the Judges of the Supreme Bench of Baltimore City started out with promise but ran into difficulty and therefore has not become a reality. He closed his report with the acknowledgment to the members of the Council, the Secretary, Miss Wynde, and particularly to Mr. Walter N. Kirkman for all the backing and assistance which he has been given.

Dr. Warfield M. Firor gave his report as of January 1, 1955 through April of this year. He announced the resignation of Mr. Walter N. Kirkman as Director and the continuation of his activities with the Faculty on a part-time basis; and the appointment of Mr. Jesse Marden IV as the new Director. He likewise announced the resignation of Miss Wheeler, who because of her illness, has found it necessary to give up her duties. Mrs. Mary Berge has been appointed Librarian. Dr. Warfield M. Firor recommended to the Delegates that EMERITUS MEMBERSHIP BE GIVEN TO THE FOLLOWING:

BALTIMORE CITY:
- DR. WILLIAM J. NEILL, JR.
- DR. WILLIAM M. ROWLAND
- DR. THOMAS P. SPRUNT
- DR. MERRELL L. STOUT
- DR. HARRY E. WILSON
- DR. GUSTAV H. WOLTERECK
- DR. HERBERT ELMO ZEPP

BALTIMORE COUNTY:
- DR. EDWARD H. BENSON
- DR. CHARLES B. ENSOR

CECIL COUNTY:
- DR. JAMES F. MAGAW

KENT COUNTY:
- DR. MERRITT BRICE

MONTGOMERY COUNTY:
- DR. FRANK J. BROSCHART
- DR. CLAUDE W. MITCHELL

ST. MARY'S COUNTY:
- DR. FRANCIS F. GREENWELL

DR. LEONARD B. JOHNSON
WASHINGTON COUNTY:
DR. H. D. GILMER

A MOTION WAS MADE, SECONDED AND CARRIED THAT THIS RECOMMENDATION BE ACCEPTED.

Delegates to the American Medical Association. (See page 564.) At the request of the President, Dr. Howard M. Bubert commented on his report as delegate to the American Medical Association. He stressed the fact that in his opinion, it was highly desirable to send the same delegate back to these meetings so that he could learn the procedure and be an active representative of our Society. He particularly complimented Dr. Warde B. Allan on the impression which he has made for the Faculty during his years as a Delegate. Dr. Bubert also emphasized the need of an increase in the membership in the American Medical Association, so that the Faculty will be entitled to a third delegate. He suggested that it would be advantageous if one of the Delegates would be from the County rather than both from Baltimore City and stated that he had suggested to the Nominating Committee that a County member be nominated to replace him.

Dr. Waldo B. Moyers discussed the report of the Delegates and emphasized the importance that we have a strong National organization and that such an organization can only be as strong as the Component State Societies. He felt that our Society should try in every way possible to increase the membership in the American Medical Association in order that we may have more active representation in the parent organization.

The following recommendations are from Dr. Bubert's report:

1. *When you find a good man, keep sending him back. Each time he serves he becomes infinitely more valuable to the medical faculty. A first-termer, such as I was (HMB), is just another badge.*
2. *Take steps to get more members of this organization into the A.M.A. Required membership in the A.M.A. should be given serious consideration.*
3. *If there are to be only two men from Maryland—and we sincerely trust not—then drop me (HMB) and elect a County man. It is wrong to have two men from Baltimore City. Our problems are entirely different and I do not think this present plan is fair.*

DR. LESLIE E. DAUGHERTY MOVED THAT THE HOUSE OF DELEGATES SANCTION THE RECOMMENDATION OF DR. HOWARD M. BUBERT CONCERNING THE APPOINTMENT OF A COUNTY MEMBER AS AN A.M.A. DELEGATE IN ORDER THAT THIS INFORMATION BE AVAILABLE FOR FUTURE NOMINATING COMMITTEE. DR. J. W. BIRD SECONDED THE MOTION WHICH WAS PASSED UNANIMOUSLY.

Committee on Scientific Work and Arrangements. (See page 573.) Dr. Edmond J. McDonnell reported for the Committee on Scientific Work and Arrangements and he had several suggestions. He felt that one member of his Committee should devote more of his time to publicize the meeting in an effort to improve attendance. The Chairman of the Committee should maintain his chairmanship for two consecutive years and recommends that the Committee be composed of four members.

Our committee suggests that the committee on scientific work and arrangements consist of four members, and that a new man be appointed each year, and that no one should have the chairmanship more than two years. In enlarging the committee, thought should be given to one person who would be principally interested in the publicity angle of the annual and semiannual meetings.

The latter recommendation could be on a trial basis, but as the members of this Committee are elected by the House of Delegates and set up under the Constitution and By-Laws, only three members may serve unless the By-Laws are amended.

DR. WARFIELD M. FIROR MOVED THAT THE RECOMMENDATION BE REFERRED TO THE CONSTITUTION AND BY-LAWS COMMITTEE. SECONDED BY DR. CHESNEY AND CARRIED.

Advisory Committee to the State Department of Health. (See page 592.) Dr. Alan M. Chesney discussed the report of the Advisory Committee of the State Department of Health of which Committee Dr. Alan M. Chesney was Chairman from January 1, 1954 to December 31, 1954. He elaborated upon the origin and operation of the present practice of the Department of Health in supplying clinical laboratory service to the people in Maryland. The resolution adopted by the Council on Medical Care of the State Board of Health in August 1946 recommended the provision of clinical laboratory services to the indigent and the medically indigent persons enrolled under the Medical Care Program. Since that time the State Department of Health laboratory, both central and branch, "carried out clinical laboratory tests on all specimens submitted to them by any physicians in the State, regardless of whether or not these specimens have come from patients who were enrolled under the Medical Care Program and regardless of whether or not the patient was financially able to pay a fee for the examination. No attempt has been made by the laboratories to exclude specimens from patients able to pay." The Annotated Code of Maryland (Section 35, Article 43) gives broad powers to the State Department of Health to carry out different types of laboratory examinations. "The Chief of the Bureau of Laboratories holds that because of the provisions of this law he is not in a position to refuse to examine any specimen submitted by any physician in the State regardless of the patient's ability to pay, if the laboratory has the facilities to carry out the examination requested." In summary, Dr. Chesney stated "that an action originally designed to afford a particular service to a particular group in the State's population has resulted, through administrative interpretation, in the extension of that service to the entire population of the State." In accordance with the report submitted Dr. Chesney has turned over this information to the Medical and Chirurgical Faculty and to his successor as Chairman to the Committee, Dr. Bender B. Kneisley.

Dr. Kneisley requested that his Committee be allowed to consider the work done under the directorship of Dr. Chesney before presenting a program to the House of Delegates. The contents of this entire report is referred to Dr. Kneisley's Committee as a continuing one with the understanding that a report will be made to the House of Delegates at a later date.

Constitution and By-Laws Committee. (See page 580.) Dr. W. Houston Toulson, Chairman of the Committee on

Constitution and By-Laws reported on the amendments to the Constitution which had been presented and approved to the House of Delegates in September 1954. Dr. Toulson explained that the amendment in Section 1, is to permit greater freedom of choice of place and time for Annual Meeting.

ARTICLE VIII—Sessions and Meetings.

Section 1.

The Annual Meeting of the Faculty shall be held AT A PLACE AND time to be designated each year by the President of the Faculty and the Council at, or preceding, the June meeting of the Council, and the Semiannual meetings may be called at such time and place as the Council may designate. During these meetings there shall be held daily General Sessions which may be open to all registered members and guests.

Amendment:

Deleted: in the City of Baltimore in the Spring, the

Dr. Toulson further explained that the amendments on the following are to clarify the English:

Section 2.

Special meetings of either the Faculty or the House of Delegates may be called by the President or on petition of 10 delegates or OF 50 members respectively.

Amendment:

Insert: "of" before "50 members respectively."

ARTICLE XII—Referendum

Section 2.

The House of Delegates may, by a VOTE of two-thirds of its own members, submit any question before it to a general referendum as provided in the preceding section, and the result shall be binding on the House of Delegates.

Amendment:

Change: "two-thirds vote" to read "vote of two-thirds."

ARTICLE XIV—Amendments

The House of Delegates may amend any article of this Constitution by a VOTE OF two-thirds of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

Amendment:

Change: "two-third vote" to read "vote of two-thirds."

DR. TOULSON ASKED FOR FINAL ACTION BY THE HOUSE OF DELEGATES ON THE ABOVE AMENDMENTS. ON MOTION OF DR. THOMAS A. CHRISTENSEN DULY SECONDED AND CARRIED THE ABOVE AMENDMENTS WERE UNANIMOUSLY APPROVED.

Tuberculosis Committee. Dr. Lawrence M. Serra elaborated upon the report submitted by the Tuberculosis Committee and requested that more beds be made available to negro patients. He likewise inquired into the responsibility of hospitalizing people with tuberculosis who live in the City of Baltimore as compared with those who live in the County. The responsibility of the City of Baltimore or the State of Maryland in this regard have been undeterminable and he asked the House of Delegates to give this consideration, and inform the Committee of its findings. In concluding his report, Dr. Serra stated that his Committee was unable to understand what happened to recommendations, once they were made and requested that they be informed of any follow-up that is carried out. Dr. Yeager said the actual follow-up belonged to the Committee on Tuberculosis. If the Committee is not satisfied, the recommendations should be represented to the House of Delegates. If no specific action was required by the House of Delegates, the President directed that this Committee continue with its activities. There was considerable discussion concerning the involuntary hospitalization of Tuberculosis patients and concern was expressed regarding the possibility of this being enforced through legislation. Dr. Ralph J. Young emphasized the necessity for more beds in hospitals for negroes with tuberculosis. Dr. Serra then reported the relationship of the Tuberculosis Committee and the Health Department. Dr. Serra commended the City and the State Health Departments for the excellent jobs which they are doing. However, the Tuberculosis Committee, although large, is composed primarily of State Health Department officers with little consideration given for the representation of the City Health Department. He requested that when a new committee is appointed that consideration be shown both Health Departments in that both of them be represented, or that neither be represented on the committee, but the committee be given the right to call in representatives from the Health Departments for explanations or advice. In the past there have been times when the Committee felt that their hands were tied in clarifying some of their problems.

Committee to Study Availability of Prepayment Insurance in Rural Areas. In the absence of Dr. George McLean, his recommendation, which is as follows, was read to the House of Delegates:

Our committee, therefore, would like to make the following proposal: that we be given the authority to draft a suitable questionnaire containing pertinent questions on this subject and that this questionnaire be submitted to the various county medical societies for their comments and suggestions.

ON MOTION MADE BY DR. WARFIELD M. FIROR, SECONDED BY DR. THOMAS A. CHRISTENSEN, THE RECOMMENDATION WAS APPROVED.

Nominating Committee. At the request of the President the report of the Nominating Committee was then given by Dr. John W. Parsons which is as follows:

NOMINATIONS FOR 1956

President	William H. F. Warthen, Towson
Vice-Presidents	Beverley C. Compton, Baltimore Ernest F. Poole, Hagerstown Henry Briele, Salisbury
Secretary	Everett S. Diggs, Baltimore
Treasurer	Wetherbee Fort, Baltimore
Councilors	Howard M. Bubert, Baltimore (1958) David J. Gilmore, Salisbury (1958) Albert E. Goldstein, Baltimore (1958) Ralph G. Hills, Baltimore (1958)

Delegate to American Medical Association	Robert vanL. Campbell, Hagerstown (1956–1957)
Alternate Delegate to American Medical Association	William B. Long, Salisbury (1956–1957)
Committee on Scientific Work and Arrangements	Edmond J. McDonnell, Chairman, Baltimore
	Norman R. Freeman, Jr., Baltimore
	Sidney Novenstein, Funkstown
Library Committee	Louis Krause, Baltimore (1960)
	J. Roy Guyther, Mechanicsville (1957)
	(To fill unexpired term of William K. Diehl.)
Finney Fund Committee	George G. Finney, Baltimore (1960)
Board of Medical Examiners	John H. Hornbaker, Hagerstown (1959)
	Frank K. Morris, Baltimore (1959)

Nominating Committee

John W. Parsons, *Chairman*, Baltimore
Archie R. Cohen, Clearspring
Charles F. O'Donnell, Towson
Francis J. Townsend, Jr., Ocean City
Theodore E. Woodward, Baltimore

THERE WERE NO NOMINATIONS FROM THE FLOOR AND IT WAS MOVED BY DR. WARFIELD M. FIROR, SECONDED BY DR. MARIUS P. JOHNSON THAT THE NOMINATIONS BE CLOSED. This motion was carried. These nominations will be voted upon on Saturday, April 23rd with the exception of the Board of Medical Examiners who are elected by the members of the Faculty at the general meeting on Friday, April 22nd.

Board of Medical Examiners of Maryland. (See page 566.) Dr. Lewis P. Gundry, Secretary, reported for the Board of Medical Examiners and elaborated upon the activities of the Board in attempting to change the Medical Practice Act, as did also Dr. Erasmus H. Kloman, President of the Board of Medical Examiners. Dr. Kloman requested that the members of this Society begin now to educate their legislative representatives to the fact that licensure of physicians by the Homeopathic Board is a dangerous practice. He emphasized the fact, it was quality rather than quantity of physicians licensed which is important. DR. BIRD MOVED THAT THE FACULTY APPOINT A COMMITTEE TO INVESTIGATE THESE FACTS PRESENTED BY DR. E. H. KLOMAN AND MAKE A REPORT WITH THE LEGISLATIVE COMMITTEE OF THE FACULTY. DR. BUBERT MOVED THAT THE MOTION BE AMENDED TO READ THAT A SPECIAL STUDY GROUP BE AUTHORIZED TO INVESTIGATE THIS PROBLEM AND REPORT TO THE COUNCIL. ON MOTION, DULY SECONDED AND CARRIED, THE AMENDMENT WAS CARRIED, AND THE MOTION AS AMENDED WAS CARRIED.

Committee to Cooperate with the American Medical Education Foundation. The report of Dr. Newland E. Day made the following request:

It is suggested by the committee that we consider placing in the dues envelope a slip requesting a voluntary fee of at least $5.00 from each member of the society. This could result in tripling the contributions without a heavy burden on any one individual. If this is not approved, would the faculty indicate the latitude of the committee in funds for carrying on a mail campaign under the sponsorship of the faculty.

ON MOTION BY DR. WARFIELD M. FIROR, SECONDED BY DR. HUGH J. JEWETT, THE HOUSE DISAPPROVED THE REQUEST THAT A SLIP REQUESTING A VOLUNTARY CONTRIBUTION BE PLACED IN THE DUES ENVELOPE OF THE MEMBERS. THE ALTERNATE RECOMMENDATION CONCERNING THE LATITUDE OF THE COMMITTEE TO USE FUNDS TO CARRY OUT A MAIL CAMPAIGN WAS REFERRED TO THE COUNCIL.

Fact-Finding Committee to Investigate Postgraduate Education. (See page 608.) Dr. Edwin H. Stewart, Jr. presented the report as Chairman of the Fact-Finding Committee to Investigate Postgraduate Education.

Therefore, be it resolved that the Medical and Chirurgical Faculty initiate an organized postgraduate program. Furthermore, if this resolution is accepted favorably by the House of Delegates, the Committee on Postgraduate Education recommends the following:

1. *The coordinating Board of Postgraduate Education should have members from Johns Hopkins Medical School, University of Maryland Medical School, Medical and Chirurgical Faculty and the Maryland Academy of General Practice.*
2. *The response to the questionnaire shows the physicians desire postgraduate education in the State of Maryland.*
3. *The cost of such a program should be borne by the physician in paying tuition fees and by the medical society.*
4. *It is the responsibility of the Medical and Chirurgical Faculty to coordinate postgraduate education throughout the state.*
5. *A lay director should be responsible for the direction of such a program under the guidance of a Postgraduate Committee.*
6. *The Medical and Chirurgical Faculty should serve as a clearing house for all postgraduate education in the State of Maryland.*
7. *A Scientific Speakers Bureau should be a part of this Postgraduate Committee, who would serve as a guide to the director of the coordinating board.*

Dr. Yeager read to the House of Delegates the opinion of the Council regarding these recommendations: The Council felt that the Fact-Finding Committee to Investigate Postgraduate Education should be very cautious in the degree of activity for which it might become involved in assuming postgraduate education in the State of Maryland. The Council in general felt that a modest beginning was desirable but that extreme caution should be followed in determining the extent of postgraduate education program.

Dr. Harry C. Hull suggested that extreme caution is indicated in endorsing such a broad educational program. Dr. Bender B. Kneisley felt that while the Faculty may not be able to implement all of Dr. Stewart's recommendations that a very definite step should be taken on the part of the Faculty toward taking the lead in postgraduate education. Dr. Howard M. Bubert called to the attention of the House of Delegates the resolution voted upon at the Semiannual Meeting whereby the Faculty in conjunction with the University of Maryland

was authorized to set up a registration of postgraduate activity and he asked that this resolution be implemented forthwith. Dr. Whitmer B. Firor recommended extreme caution and suggested that the resolution be referred back to Council for study and a modest start. Dr. L. R. Schoolman stated that as a representative of his County (Frederick) he wished to report that his members were in favor of an organized postgraduate course. DR. WALDO B. MOYERS MOVED THAT THE REPORT OF THE FACT-FINDING COMMITTEE TO INVESTIGATE POSTGRADUATE EDUCATION BE REFERRED TO THE COUNCIL FOR STUDY. THIS WAS SECONDED BY DR. THOMAS A. CHRISTENSEN AND PASSED.

Committee to Study Blue Cross and Blue Shield in Maryland. Dr. Marius P. Johnson reported as the Chairman of the Committee to Study Blue Cross and Blue Shield. The report was submitted without recommendations or resolutions, but the actual study is presented for the use of the Faculty, Blue Cross, Blue Shield and for any National surveys which might be requested.

Committee to Confer with Blue Cross and Blue Shield in Regard to Radiological Section Resolution. The President stated that the report of the Committee to Confer with Blue Cross and Blue Shield in Regard to Radiological Section Resolution had not been received in time for distribution to all County Societies to make a study and the Council had therefore suggested that although this report would be given at this meeting that action be deferred until the Component Societies would have had opportunity to consider the report in detail. Dr. Edgar T. Campbell, the Chairman of the Committee, stated that the problem which has been considered by the Radiologists and Anesthetists for a long time is no longer a matter of a particular specialty but now a matter of hospital domination of medical practice. These recommendations are just a step in this long protracted struggle. He then commented upon the specific recommendations which are as follows:

1. *That a permanent committee be set up to pursue these problems to their conclusion.*
2. *That the membership of the committee include a preponderance of medical members of the specialty groups most vitally affected.*
3. *That the Maryland Medical and Chirurgical Faculty request a semiannual report from the Board of Trustees of the Maryland Hospital Service Incorporated and Maryland Medical Service Incorporated pertaining specifically to these problems and what has been accomplished toward their solution. These reports are to be submitted approximately two months prior to the annual meeting and the semiannual meeting and that these reports be made a matter of routine business at these meetings.*
4. *That the appointment of members of the Society to fill medical vacancies in the above mentioned Board of Trustees be made only after an investigation of the qualifications of the candidate and his full knowledge of an interest in these controversial problems is known and approved.*

IT WAS THE CONSENSUS OF THE HOUSE OF DELEGATES THAT THIS REPORT BE DEFERRED FOR FURTHER DISCUSSION AND THAT THIS REPORT BE PRESENTED TO THE HOUSE OF DELEGATES AT THE SEMIANNUAL MEETING IN THE FALL.

Committee to Study the Medical Care Plan. (See page 603.) Dr. Richard T. Shackelford, Chairman, of the Committee to Study the Medical Care Plan presented his report and gave the following conclusions:

1. That the City capitation plan and the County fee-for-service plan are each working well and providing satisfactory medical care in its own environment.

2. That there are environmental differences which justify the use of two different plans.

3. That the fee-for-service plan is best for the Counties.

4. That the capitation plan is the most advantageous and least expensive for Baltimore City.

   One member of our Committee feels that it would not be inadvisable, though probably more expensive, to try a fee-for-service plan in the City for a few years and if proven unsatisfactory, to return to the present plan. The other four members of the Committee do not believe this to be worthwhile.

5. That certain economics and improvements, suggested above, can be made in the City plan which will eliminate the reported financial loss to the hospitals and may even reduce the cost to the taxpayer. These can be effected without disturbing the basic structure of the plan by altering the contract between the hospitals and the Plan.

6. That the cost of drugs is excessive for both plans and merits a special study.

7. That both plans are tax supported and therefore government controlled.

8. That both plans are vulnerable to a change in economic conditions and that the fee-for-service plan is also vulnerable to epidemics.

9. That the taxpayers in Maryland are paying directly more than $1.5 million dollars per year for medical care of their ambulant indigent and medically indigent people and expect the best medical care for the least expenditure of money. Whatever plan or plans accomplish this should be favored.

10. That since the President, Dr. George H. Yeager, has already appointed a medical subcommittee of the State Planning Commission to study the Maryland Medical Care Plan and to instigate any necessary action, we feel that with this report to the House of Delegates our service has been completed and request that our Committee be discharged.

Dr. Melvin B. Davis congratulated Dr. Richard T. Shackelford and his Committee for this excellent report. ON MOTION BY DR. THOMAS A. CHRISTENSEN, SECONDED BY DR. HUGH J. JEWETT, IT WAS MOVED THAT THIS REPORT BE ACCEPTED AND THE COMMITTEE BE DISCHARGED WITH THANKS.

Dr. George H. Yeager reminded the Delegates that they were the guests of the Medical and Chirurgical Faculty at the luncheon which is being held at the Sheraton Belvedere Hotel immediately following this meeting. This luncheon is a part of the program of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

The meeting was adjourned at 12:30 p.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

MINUTES OF THE 214th MEETING

Friday, April 22, 1955

The 214th meeting of the House of Delegates was called to order by the President, Dr. George H. Yeager, at 9:00 a.m., on Friday, April 22, 1955, at the Deutsches Haus, 1212 Cathedral Street, Baltimore, Maryland.

The following members registered: Doctors Warde B. Allan, Baltimore; S. Ralph Andrews, Cecil County; Philibert Artigiani, Baltimore City; John O. Robben, Montgomery County; Helen Bowie, Baltimore City; Leo Brady, Baltimore; Howard M. Bubert, Baltimore; Read N. Calvert, Montgomery County; Robert V. Campbell, Washington County; J. Albert Chatard, Baltimore; Thomas A. Christensen, College Park; Norman E. Sartorius, Sr., Worcester County; Frank W. Davis, Jr., Baltimore City; Ernest I. Cornbrooks, Jr., Baltimore City; George C. Coulbourne, Somerset County; Everett S. Diggs, Secretary, Baltimore; Warfield M. Firor, Chairman of Council, Baltimore; Whitmer B. Firor, Baltimore; Palmer H. Futcher, Baltimore City; Joseph E. Gill, St. Mary's County; Francis W. Gluck, Baltimore City; Leslie E. Daugherty, Allegany-Garrett County; Kurt Lederer, Talbot County; Walter A. Anderson, Baltimore City; J. Ralph Horky, Harford County; Clewell Howell, Towson; R. D. Jandorf, Baltimore City; Hugh J. Jewett, Baltimore; Fred M. Johnson, Charles County; Marius P. Johnson, Baltimore City; R. F. Kieffer, Jr., Baltimore City; Louis Krause, Baltimore; William B. Long, Salisbury; Robert E. Mason, Baltimore City; Charlotte McCarthy, Baltimore City; Randall McLaughlin, Anne Arundel County; R. S. McVaugh, Carroll County; Fred A. Miller, Dorchester County; John G. Ball, Montgomery County; Edward H. Richardson, Jr., Baltimore City; Frank K. Morris, Baltimore City; Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's County; S. E. Muller, Baltimore City; Leslie H. Pierce, Baltimore City; Samuel T. R. Revell, Jr., Baltimore City; L. R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Norman E. Sartorius, Jr., Pocomoke City; W. R. Ellis, Jr., Wicomico County; W. Glenn Speicher, Westminster; W. Houston Toulson, Baltimore; John H. Trescher, Baltimore City; George J. Weems, Calvert County; William W. Welsh, Montgomery County; A. F. Whitsitt, Kent County; George H. Yeager, President, Baltimore; John D. Young, Jr., Baltimore City; Ralph J. Young, Baltimore City.

Constitution and By-Laws. Dr. W. Houston Toulson reported as Chairman for the Committee on Constitution and By-Laws. He stated that the proposed amendments to Section 7, Chapter VIII, and the new Section 11, are intended to establish in the By-Laws the procedure relating to the administration of the finances of the Faculty, which procedure has been followed for several years. It provides an orderly way of administering the finances and since the procedure has been found to be satisfactory, it is desired to establish it in the By-Laws.

CHAPTER VIII—Standing Committees.

Section 1. (Third paragraph.)

The standing committees, organized as hereinafter provided are: House Committee, Finance Committee, Professional Conduct Committee, AND BUDGET COMMITTEE.

Section 7. *Finance Committee.*

It shall be the duty of the Finance Committee to act as such for the House of Delegates and the Council. It shall consist of five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council. THE FINANCE COMMITTEE SHALL CO-OPERATE WITH THE BUDGET COMMITTEE IN THE PREPARATION OF THE ANNUAL BUDGET FOR THE FACULTY.

SECTION 11. *BUDGET COMMITTEE.*

THE BUDGET COMMITTEE SHALL CONSIST OF FIVE (5) MEMBERS TO BE APPOINTED ANNUALLY BY THE CHAIRMAN OF THE COUNCIL. IT SHALL BE THE DUTY OF THE BUDGET COMMITTEE IN COOPERATION WITH THE FINANCE COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY. THE BUDGET COMMITTEE SHALL SUBMIT THE BUDGET TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR.

THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE.

Dr. Toulson stated that on these amendments final action will be taken if approved on Saturday, April 23rd. THESE AMENDMENTS WERE APPROVED BUT WILL LAY ON THE TABLE FOR ONE DAY BEFORE FINAL ACTION.

Essay Contest. Dr. Yeager stated that the Association of American Physicians and Surgeons have an annual Essay Contest. The Baltimore City Medical Society has accepted the responsibility of sponsoring this for the coming year at the City level, and has requested that the Medical and Chirurgical Faculty take similar action. DR. CHRISTENSEN MOVED, SECONDED BY DR. WELSH, THAT THE ESSAY CONTEST BE SPONSORED AT THE STATE LEVEL. THIS MOTION WAS ADOPTED.

Resolutions Committee. In the absence of Dr. Robert V. Campbell, Chairman of the Resolutions Committee, Dr. Whitmer B. Firor, a member of the State Committee, read the following Resolution which was presented by Dr. Page C. Jett, as President of the Calvert County Medical Society:

Resolved that the Medical and Chirurgical Faculty approve and prepare a schedule of divided fees to meet the problem presented by Blue Shield clients being operated by visiting surgeons in rural hospitals, where the preoperative and postoperative care is done by the local physician.

The following is an explanation which Dr. Jett submitted in regard to the above Resolution:

"At the present time the code of ethics of the American College of Surgeons prevents fee splitting between the

surgeon and the local physician. On the other hand, the Blue Shield allows but one fee which is supposed to cover preoperative, surgical, and postoperative care. In this problem, the visiting surgeon supplies only the operative procedure while the local physician supplies preoperative and postoperative care. Under the contract with Blue Shield the physician has agreed not to bill the patient for these services. Therefore, in order for the local physician to receive any reimbursement for his services, he must either bill the patient, a violation of his agreement with Blue Shield; or the surgeon must split his fee with the physician, a violation of ethics of the American College of Surgeons.

"It is, therefore, suggested that a recognized division of the fee be worked out commensurate with the service involved, such as has been done in New York State. We believe that Mr. Dabney is in sympathy with this agreement as he is well aware of the problem."

Information received from Blue Cross was that it had made an adjustment of the fee for the General Practitioner which would seem to take care of the request made in this Resolution. *THEREFORE, THE RESOLUTIONS COMMITTEE DID NOT APPROVE.* (See latter part of these minutes for further discussion on this Resolution.)

Dr. Firor read the Resolution from the Geriatrics Committee, which is as follows:

The Medical and Chirurgical Faculty of the State of Maryland at its annual meeting held in the City of Baltimore on April 21, 22, 1955 resolves to establish a Committee on Geriatrics and Gerontology. The structure of this committee should be as follows:

Five members from B.C.M.S. and state-wide representation adequately distributed to make up a total of twenty members all to be appointed at the annual meeting.

The duties of the committee to consist of as follows:

(a) *To organize forums, seminars and conferences of physicians (members of the medical profession of the State of Maryland) to spread knowledge and information of progress made in the studies of geriatrics and gerontology.*

(b) *To stimulate programs on geriatrics and gerontology in the county and city medical organizations.*

(c) *To work toward the incorporation of the study of geriatrics and gerontology in the medical schools in the State of Maryland.*

(d) *To engage in public relations activities, to stimulate the awareness of the general public of the problems facing the aging citizens of the population.*

(e) *To cooperate with existing non-medical, public or private, organizations or institutions to accomplish the above functions.*

(f) *The Committee on Geriatrics has the right, upon consultation with proper authority of the faculty, to seek and obtain funds to carry on with its activities.*

THE RESOLUTIONS COMMITTEE DID NOT GIVE A FAVORABLE RECOMMENDATION TO THIS RESOLUTION, BUT SUGGESTED THAT CERTAIN CHANGES BE MADE AND THE RESOLUTION BE RESUBMITTED. THE FOLLOWING ARE THE REASONS GIVEN BY THE COMMITTEE FOR ITS DISAPPROVAL:

The Resolutions Committee recommends disapproval of this Resolution for the following reasons:

(a) There is already a Committee on Geriatrics in existence.

(b) Appointments of committees should coincide with the beginning of a President's term (January 1st) instead of the Annual Meeting.

(c) The Resolution does not state who appoints the committee.

(d) The last paragraph, re the seeking of funds, is superfluous because the right to seek and obtain funds with Council approval is the established right of any committee.

(e) If it is desired to expand the present Committee on Geriatrics it is suggested the above objections be noted.

Dr. Krause objected to the request for rewriting the Resolution, and asked for the adoption of the principle. Dr. Campbell moved that this Resolution be disapproved. After considerable discussion, DR. SCHOOLMAN RECOMMENDED THAT THIS RESOLUTION BE DISAPPROVED IN ITS PRESENT FORM AND THAT IT BE RESUBMITTED IN A MODIFIED FORM. THIS SUGGESTED AMENDMENT WAS ACCEPTED BY DR. CAMPBELL. THE MOTION WAS SECONDED AND CARRIED.

Dr. Richard W. Ferguson, Chairman of the Physiotherapy Committee, in December 1954, submitted the following Resolution:

Whereas, there is a definite need for well trained physical therapists in the State of Maryland, and

Whereas, this need will increase with the passage of time therefore, be it

Resolved, that the Medical School of the University of Maryland be requested to consider the establishment of a school of physical therapy at an early date.

AFTER DR. CAMPBELL READ THE ABOVE RESOLUTION HE STATED THAT THE COMMITTEE GIVES THIS A FAVORABLE REPORT AND RECOMMENDS APPROVAL. THIS WAS SECONDED BY DR. CHRISTENSEN. THE RESOLUTION WAS DISCUSSED BY DR. CHRISTENSEN AND DR. FUTCHER. THE MOTION WAS PASSED UNANIMOUSLY.

The following Resolution was submitted by the Baltimore City Medical Society regarding the problem of Hospital Inspection:

Whereas, the Council on Medical Education and Hospitals of the American Medical Association through the Joint Committee on Accreditation has served the community well by elevating standards of hospital care, of the practice of medicine and of residency training programs, and

Whereas, recently there has been an increasing amount of dissatisfaction by the staffs of hospitals inspected, particularly the smaller ones, since many of the requirements are arbitrary, others impractical and unrealistic, and

Whereas, it is the opinion of this committee that an investigation of the entire problem of hospital inspection could be better made at a state level,

Be it resolved, that this committee of the Baltimore City Medical Society urges the president of the Medical and Chirur-

gical Faculty of the State of Maryland to appoint a committee to study this problem.

DR. CAMPBELL STATED THAT THE RESOLUTIONS COMMITTEE RECOMMENDS APPROVAL OF THIS RESOLUTION. This was seconded by Dr. Bubert. Dr. Leo Brady suggested that our A.M.A. Delegates be made members of this Committee. Dr. Moyers questioned the wording in relationship to inspection on a State level. Dr. Brady pointed out that the Baltimore City Medical Society who originated this Resolution felt that it was of sufficient importance that it be a state-wide affair, and the appointment should come from the State rather than the City level. DR. WELSH MOVED THAT THE MOTION TO ACCEPT THIS RESOLUTION BE APPROVED, EXCEPT THAT PARAGRAPH 3 BE OMITTED AND THEREBY LEAVE OUT THE WORDS WHICH ARE CONTRARY AND IMPRACTICAL. AFTER CONSIDERABLE DISCUSSION THE AMENDMENT WAS APPROVED AND THE MOTION WAS CARRIED. THE RESOLUTION ADOPTED IS AS FOLLOWS:

Whereas, the Council on Medical Education and Hospitals of the American Medical Association through the Joint Committee on Accreditation has served the community well by elevating standards of hospital care, of the practice of medicine and of residency training programs, and

Whereas, recently there has been an increasing amount of dissatisfaction by the staffs of hospitals inspected, particularly the smaller ones, since many of the requirements are said to be arbitrary, others impractical and unrealistic,

Be it resolved, that this committee of the Baltimore City Medical Society urges the president of the Medical and Chirurgical Faculty of the State of Maryland to appoint a committee to study this problem.

DR. BUBERT MOVED THAT THE HOUSE OF DELEGATES EXPRESS TO THE BALTIMORE CITY MEDICAL SOCIETY ITS APPRECIATION OF THE VERY WONDERFUL COCKTAIL PARTY IT GAVE TO THE STATE SOCIETY.

The President then presented to the House of Delegates Mr. Walter N. Kirkman, who is retiring as Director of the Medical and Chirurgical Faculty, but who will continue on a part-time basis to look after our fiscal affairs. Mr. Kirkman expressed his appreciation for the opportunity of being of service and for the cooperation which the House of Delegates has given to his suggestions. He requested that the same cooperation be afforded to his successor, and bade the delegates a very affectionate farewell. The President then introduced the successor to Mr. Kirkman, Mr. Jesse Marden IV, who expressed his interest in the new position and his intention to hold himself available at all times to serve the physicians and the Society.

Dr. Jett, who had not been present at the time of the discussion of the presentation of the Resolution which he had submitted requested an opportunity to speak. He stated that the Blue Shield plan now suggests that 15% of the surgeon's fee be paid to the referring physician. Dr. Jett voiced his objection to this procedure, (1) that the consultant surgeon should be penalized by a 15% reduction; (2) the referring physician does not get the 15% fee unless the surgeon so desires; (3) and the referring physician must beg of the surgeon that the fee be given to him. Both of these facts are unacceptable to Dr. Jett. He felt that some method of the division of fees should be worked out which should not be at the expense of the consultant and felt that a little more study was necessary. For this reason he asked that the Resolution be adopted. Dr. Campbell pointed out that as Chairman of the Resolutions Committee he could not alter the report as the Committee does not favor the Resolution. However, the House of Delegates may take whatever action it wishes. Dr. Hugh Ward emphasized the need for further study for compensation which should be given to the local physician and requested that more study be made. Dr. Schoolman proposed that Dr. Jett's Resolution be approved. The Secretary pointed out that the intent of the Resolution was good but that the wording requested the House of Delegates to approve something that is not within its authority in that it requested the Faculty to prepare and approve a schedule of divided fees. The Faculty has no authority to prepare or approve a fee schedule, but can request the Blue Shield to prepare such a fee schedule. DR. READ N. CALVERT MOVED THAT THE RESOLUTION BE APPROVED BY AMENDING IT IN THE FIRST LINE WHICH SHOULD READ RECOMMEND INSTEAD OF PREPARE AND APPROVE. The amendment was approved and the motion was carried as amended. The following is the adopted Resolution:

Resolved that the Medical and Chirurgical Faculty recommend a schedule of divided fees to meet the problem presented by Blue Shield clients being operated by visiting surgeons in rural hospitals, where the preoperative and postoperative care is done by the local physician.

The President called to the attention of the Delegates that the election of the Board of Medical Examiners would be held today, at 11:00 a.m., in Osler Hall. The two members on the Board of Medical Examiners nominated by this body are Dr. John H. Hornbaker, Hagerstown (1959), and Dr. Frank K. Morris, Baltimore (1959), but there may be other nominations from the floor.

The meeting adjourned at 11:00 a.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

MINUTES OF THE 215th MEETING

Saturday, April 23, 1955

The 215th meeting of the House of Delegates was called to order by the President, Dr. George H. Yeager, in the auditorium of the Deutsches Haus, 1212 Cathedral Street, at 9:00 a.m. on Saturday, April 23, 1955.

The following members were present: Doctors Warde B. Allan, Baltimore; Philibert Artigiani, Baltimore City; Helen Bowie, Baltimore City; Howard M. Bubert, Baltimore; Merrill M. Cross, Montgomery County; John N. Classen, Baltimore City; Norman E. Sartorius, Sr., Worcester County; Ernest I. Cornbrooks, Jr., Baltimore City; Everett S. Diggs, Secretary, Baltimore; Warfield M. Firor, Chairman of Council, Baltimore; Whitmer B. Firor, Baltimore; Palmer H. Futcher, Baltimore City; Jacob C. Handelsman, Baltimore City; Walter A. Anderson, Baltimore City; J. Ralph Horky, Harford County; R. D. Jandorf, Baltimore City; Robert E. Mason, Baltimore City; Charlotte McCarthy, Baltimore City; R. S. McVaugh, Carroll County; Edward H. Richardson, Jr.,

Baltimore City; Frank K. Morris, Baltimore City; Samuel Morrison, Baltimore City; Waldo B. Moyers, Prince George's County; S. E. Muller, Baltimore City; C. F. O'Donnell, Baltimore County; Samuel T. R. Revell, Jr., Baltimore City; L. R. Schoolman, Frederick County; E. Roderick Shipley, Baltimore City; Stedman W. Smith, Wicomico County; John H. Trescher, Baltimore City; William W. Welsh, Montgomery County; Alan C. Woods, Jr., Baltimore City.

The Secretary read the list of nominees and there being no nominations from the floor, Dr. Moyers motioned that the Secretary cast a ballot. This was seconded by Dr. Frank Morris, and carried, therefore the following officers, etc., were elected:

President	William H. F. Warthen, Towson
Vice-Presidents	Beverley C. Compton, Baltimore Ernest F. Poole, Hagerstown Henry Briele, Salisbury
Secretary	Everett S. Diggs, Baltimore
Treasurer	Wetherbee Fort, Baltimore
Councilors	Howard M. Bubert, Baltimore (1958) David J. Gilmore, Salisbury (1958) Albert E. Goldstein, Baltimore (1958) Ralph G. Hills, Baltimore (1958)
Delegate to American Medical Association	Robert vanL. Campbell, Hagerstown (1956–1957)
Alternate Delegate to American Medical Association	William B. Long, Salisbury (1956–1957)
Committee on Scientific Work and Arrangements	Edmond J. McDonnell, Chairman, Baltimore Norman R. Freeman, Jr., Baltimore Sidney Novenstein, Funkstown
Library Committee	Louis Krause, Baltimore (1960) J. Roy Guyther, Mechanicsville (1957) (To fill unexpired term of William K. Diehl.)
Finney Fund Committee	George G. Finney, Baltimore (1960)

AMENDMENTS TO THE BY-LAWS. The following amendments to the By-Laws which had been previously submitted were read by the Secretary:

CHAPTER VIII—Standing Committees.

Section 1. (Third paragraph.)

The standing committees, organized as hereinafter provided are: House Committee, Finance Committee, Professional Conduct Committee, AND BUDGET COMMITTEE.

Section 7. *Finance Committee.*

It shall be the duty of the Finance Committee to act as such for the House of Delegates and the Council. It shall consist of five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council. THE FINANCE COMMITTEE SHALL COOPERATE WITH THE BUDGET COMMITTEE IN THE PREPARATION OF THE ANNUAL BUDGET FOR THE FACULTY.

SECTION 11. *BUDGET COMMITTEE.*

THE BUDGET COMMITTEE SHALL CONSIST OF FIVE (5) MEMBERS TO BE APPOINTED ANNUALLY BY THE CHAIRMAN OF THE COUNCIL. IT SHALL BE THE DUTY OF THE BUDGET COMMITTEE IN COOPERATION WITH THE FINANCE COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY. THE BUDGET COMMITTEE SHALL SUBMIT THE BUDGET TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR.

THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR BY THE EXECUTIVE COMMITTEE.

Dr. Warfield M. Firor Moved That These Amendments Be Approved, Seconded by Dr. Warde B. Allan and Carried Unanimously.

The President then stated that some specific action by the House of Delegates might be desirable in reference to the furor concerning the polio vaccine. He requested the Secretary to review the action which has transpired in Council. The Secretary stated that the appointment of a special committee to meet with representatives of the State Department of Health resulted in recommendations from that Committee whereby priorities were established. These priorities were read and are as follows:

RECOMMENDED ORDER OF PRIORITIES FOR POLIOMYELITIS VACCINE ADMINISTRATION.

First Priority	All first and second grade school children. (This group was selected by the National Advisory Committee and free vaccine for mass administration in the schools is being supplied by the National Foundation for Infantile Paralysis.)
Second Priority	All kindergarten and preschool children over one year of age.
Third Priority	Pregnant women.
Fourth Priority	All other elementary school children.
Fifth Priority	Older individuals in households with elementary school children.

The Council recommended that these priorities be approved and that the innoculations be carried out by the State and City Health Departments and private physicians in accordance with these priorities. Dr. Welsh Moved That the House of Delegates Approve These Recommendations Submitted by Dr. J. Edmund Bradley, Chairman of the Medical Advisory Committee to State Department of Health in Reference to Polio Vaccine Immunization Project, Seconded by Dr. Schoolman and the Motion Was Carried.

The President then stated that he had been requested to have the Bricker Amendment reviewed in the House of Delegates from the view point of whether it is desirable for this body to take any specific action. The Secretary reported that in June, 1953, when considerable effort was being brought to bear to have this Society request our Legislative representatives to back the Bricker Amendment, the Council considered this problem and authorized that the following wire be sent to the Maryland Congressmen:

The Medical and Chirurgical Faculty goes on record in favor of the principle of the Bricker Amendment whereby States Rights are protected and the Constitution and laws of the United States are not contravened.

In the last few weeks it has been evident that the Bricker Amendment will be presented to Congress again and at the meeting of the Council on April 12, 1955, the Council reaffirmed its statement as stated in the telegram given above. DR. BUBERT MOVED THAT THE COUNCIL'S ACTION BE REAFFIRMED, SECONDED BY DR. WARDE B. ALLAN, AND PASSED.

The meeting adjourned at 10:45 a.m.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

REPORTS[1,2,3]

SECRETARY

Mr. President and Members of the House of Delegates:

It has always seemed important that delegates be able to vote in a manner reflecting the desire of the component society he represents. Such action requires the consideration by the members of the component society of any question which will be brought up for discussion at these meetings. This year a sincere effort was made to circulate to the Components, four to six weeks in advance, all preliminary information available that was pertinent to recommendations to be presented to this body. It is hoped that your actions today can thereby be more effective and representative.

Although an additional secretary has been added to the office staff in the past year, and nearly all secretarial work required by the Journal is carried out by a secretary hired for and assigned exclusively to the Journal, the tremendous volume of work which goes through this office at times seems overwhelming. The budget provides for an additional secretary to ease this load, but so far a satisfactory applicant has not been found to fill the vacancy. It is hoped that the coming year will provide to all the Components and all Committees an efficient office staff capable and anxious to care for all secretarial needs.

The total membership of the Medical and Chirurgical Faculty is 2,546, of which 2,260 members have paid their dues in advance. The complete statistical report is appended. (See page 551.) Every member in the following counties paid their dues by January 31, 1955: Charles, Caroline, Dorchester, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Wicomico and Worcester. These Component Societies are to be congratulated.

One Thousand, Four Hundred Twelve (1,412) members of the Medical and Chirurgical Faculty have paid American Medical Association dues for 1955. The breakdown is as follows:

City	850
Counties	556
Non-residents	6
	1,412

The following procedure has been approved by Council to govern the handling of reports for Annual and Semiannual Meetings:

1. ALL REPORTS ARE TO BE RECEIVED IN THE OFFICE. THOSE REPORTS WHICH CONTAIN RECOMMENDATIONS OR RESOLUTIONS MUST BE IN THE OFFICE 8 WEEKS PRIOR TO THE ANNUAL OR SEMIANNUAL MEETING, WHICHEVER HAPPENS TO BE CONCERNED.
2. WHEN THE REPORTS ARE RECEIVED, THOSE CONTAINING RECOMMENDATIONS OR RESOLUTIONS WILL BE SENT TO THE COMPONENT SOCIETIES FOR CONSIDERATION AND SO THAT THE COMPONENT DELEGATES MAY BE INSTRUCTED IF DESIRED. THESE REPORTS WILL ALSO BE REFERRED TO COUNCIL FOR DISCUSSION AT ITS MEETING ONE OR TWO WEEKS PRIOR TO ANNUAL OR SEMIANNUAL MEETING.
3. THOSE REPORTS WHICH CONTAIN RESOLUTIONS ARE TO BE REFERRED TO THE RESOLUTIONS COMMITTEE FOR CONSIDERATION.
4. THE COUNCIL WILL REFER TO THE RESOLUTIONS COMMITTEE ANY RECOMMENDATIONS WHICH IT FEELS SHOULD BE FORMULATED AS RESOLUTIONS. THE COUNCIL WILL ALSO TRANSMIT TO THE RESOLUTIONS COMMITTEE AN OPINION OF THE POLICY INVOLVED IN THE RESOLUTIONS COMMITTEE.
5. REPORTS WILL BE PRESENTED TO THE HOUSE OF DELEGATES AS USUAL, AND IT WILL BE SUGGESTED AS USUAL THAT THOSE REPORTS NOT CONTAINING RECOMMENDATIONS OR

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[1] A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Thursday, April 21, 1955.

[2] For Resolutions, Reports, etc. submitted on Thursday, April 21, 1955, see pages 540–545.

[3] Membership Roster for March 31, 1954 to May 31, 1955, published in August 1955 Journal.

RESOLUTIONS BE ACCEPTED AS PRINTED AND DISTRIBUTED.

6. THOSE REPORTS CONTAINING RECOMMENDATIONS OR RESOLUTIONS WILL BE CONSIDERED AND ACTED UPON INDIVIDUALLY BY THE HOUSE OF DELEGATES. THIS POLICY WILL BE FOLLOWED IN ALL FUTURE MEETINGS.

This report would be incomplete without a sincere expression of gratitude to the office staff who make your Secretary's job as light as possible, to Mr. Kirkman for his constant help and willingness to follow through the many details which present themselves, to the Secretaries of the Component Societies for their cooperation with the State office, to the Chairman of the many Committees for their patience and cooperation, and to the individual members of the Society who have carried through the multiplicity of details required to produce effective representation of the physicians of the State of Maryland.

Respectfully submitted,

EVERETT S. DIGGS, M.D., *Secretary*

Secretary's Statistical Report

April 1955

Membership 1954	Membership 1955	Paid in Advance	Counties	U. S.† Service	New Members	Removed	Resigned	Deceased	Dropped
76	76	64	Allegany-Garrett County Medical Society	4	3	1	1		2
60	65	62	Anne Arundel County Medical Society	2	8	2		1	
164	170	142	Baltimore County Medical Association		12	3	1	2	
1349	1385	1281	Baltimore City Medical Society, Active Members	32	84	22	8	12	6
77	79	34	Baltimore City Medical Society, Associate Members	1	12	3	7		
5	5	4	Calvert County Medical Society						
11	11	11*	Caroline County Medical Society		1	1			
38	34	32	Carroll County Medical Society		3	1	3	3	
20	23	21	Cecil County Medical Society, Active Members		5	1	1		
7	6	5	Cecil County Medical Society, Associate Members		2	2	1		
12	12	12*	Charles County Medical Society	1	1	1			
27	27	27*	Dorchester County Medical Society		1			1	
55	56	55	Frederick County Medical Society		4	3			
33	33	30	Harford County Medical Society	1	2	1		1	
10	8	4	Howard County Medical Society			1		1	
14	13	13*	Kent County Medical Society						
185	178	134	Montgomery County Medical Society, Active Members		10	3	13	1	
14	11	4	Montgomery County Medical Society, Associate Members				3		
80	82	72	Prince George's County Medical Society, Active Members	1	8	3	3		
27	24	16	Prince George's County Medical Society, Asso. Members				3		
8	7	7*	Queen Anne's County Medical Society					1	
14	12	12*	St Mary's County Medical Society		1	2		1	
10	11	11*	Somerset County Medical Society	1	2			1	
27	28	28*	Talbot County Medical Society		1				
75	78	77	Washington County Medical Society	2	8	1	2	2	
51	53	53*	Wicomico County Medical Society		4			2	
14	15	15*	Worcester County Medical Society		1				
45	45	41	Non-resident Membership		8		6	2	
2508	2546	2260		13†	183	52	53	32	8

Active Members	2392
Associate Members	109
Non-resident Members	45
	2546

* 100% Paid in Advance.

Gain—Active Members	40
Loss—Associate Members	2
Actual Gain	38

† U. S. Service Members are included in regular count, as they are in good standing.

TREASURER*

Mr. President and Members of the House of Delegates:

This is my last report after many years as your Treasurer. Personally, I have had very little to do, due to the efficient work of your Director, Mr. Kirkman, and the Office Staff.

Years ago your Treasurer had much more to do and supervise; now mainly his presence is required at meetings, to report and sign the checks and supervise the work which has grown to a real big business.

You have copies of the Financial Report (see pages 553–560) showing in detail the receipts and expenditures for the year 1954. Last year I referred to a summary of our budget printed in a leaflet entitled "Fiscal Facts." (See page 561.) I hope each member looked at it and absorbed some knowledge of our financial growth. Read again this year and be proud of what your Society is doing with your money.

Your Finance Committee has met several times and has advised about selling our "many small" amounts of common stock, and buying additional bonds to bring up our ratio of bonds held to a ratio of higher percentage. This has been done.

Like all old things, age has affected your heating plant, which now must be restored to a more youthful appearance. This and other necessary expenses will be taken care of in our budget.

The response of your membership to the necessary increase in dues has been a great boost to all of the officers and staff, thus indicating the necessity of keeping pace with a modern medical world. Many thanks for your support.

In closing my report, I wish again to express my appreciation of your support of my frequent appeals for more money and increase in dues. We are now over the "hump" in many things and when the new Library addition is seen, we will all be proud of the Old Faculty with its "new look."

My personal thanks, I extend again to your Director and Office Staff and membership.

Respectfully submitted,

J. ALBERT CHATARD, M.D., *Treasurer*

* Also includes the Report of the Finance Committee.

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Baltimore, Maryland

GENERAL FUND—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1954

Income			
Dues—Baltimore City Dental Society	$1,446.00		
—Baltimore City Medical Society	53,893.00		
—County Medical Societies	24,713.50		
—Halls and Offices—Baltimore City Medical Society	400.00		
—Halls and Offices—Other	4,695.00	$85,147.50	
Membership Assessments		220.00	
Meetings—Annual and Semi-Annual—Exhibits		4,275.00	
Baltimore City Medical Society—For Salaries		3,100.00	
American Medical Association—For General Purposes		427.93	
Journal—Advertisements	19,644.20		
—Subscriptions	3,706.50	23,350.70	
Transfers from Consolidated Fund—Income Funds			
Charles M. Ellis Fund—For General Purposes		463.32	
Total Income			$116,984.45
Expense			
Accounting Fees		532.75	
Communication Expense—Postage, Telephone and Telegraph		2,862.35	
Contributions—National Society for Medical Research		50.00	
Extraordinary Repairs		3,869.28	
Fuel		2,685.64	
Gas, Electricity and Water		2,370.73	
Household and Janitorial Supplies		731.02	
Insurance		1,238.10	
Interest Expense		15.75	
Journal Expense		21,391.39	
Legal Fees		1,159.23	
Legislative Committee Expense		42.84	
Other Committee Expenses		289.24	
Maintenance of Property		1,572.72	
Maryland Unemployment Insurance		96.39	
Federal Unemployment Insurance		126.67	
Social Security Tax		2,013.52	
Meetings—Annual and Semi-Annual		6,493.07	
Miscellaneous Expense		3,139.89	
Purchase of Equipment		1,390.13	
Office Supplies		1,294.21	
Printing—Transactions of the Faculty	47.75		
—Other	1,248.98	1,296.73	
Salaries		54,677.98	
Travel		1,193.60	
Total Expense			110,533.23
Excess of Income Over Expenses—For Year Ended December 31st, 1954			6,451.22

GENERAL FUND—SURPLUS ACCOUNT

January 1st, 1954 to December 31st, 1954

January 1st, 1954—Balance to Credit of Account	$6,680.18
Addition	
Excess of Income over Expense—For Year Ended December 31st, 1954	6,451.22
December 31st, 1954—Balance to Credit of Account	13,131.40

CONSOLIDATED FUND—INCOME FUNDS—INCOME AND EXPENSE STATEMENT

For Year Ended December 31st, 1954

Income			
Income From Consolidated Fund Investments			
Bonds			
United States Government and Municipal	$861.75		
Public Utility Railroads, etc.	1,111.56	$1,973.31	
Stocks			
Common	8,815.98		
Preferred	365.63	9,181.61	
Interest Special Savings Account—The Savings Bank of Baltimore		28.66	
1953 Income distributed in 1954		.30	
		11,183.88	
Less—Agencies Fees		458.70	
Net Income from Distributed Investment Income		10,725.18	
Income From Eugene Fauntleroy Cordell Fund Investments			
Stocks			
Common	126.45		
Less—Agency Fee	7.59	118.86	
Total Net Income from Investments			$10,844.04
Interest on Savings Accounts—The Savings Bank of Baltimore			311.43
Other income			37.07
Total Income			11,192.54
Expenses			
Special Purposes		184.35	
Library Purposes		7,647.13	
Transfer to General Fund—General Purposes		463.32	
Total Expense			8,294.80
December 31st, 1954—Excess of Income Over Expense			2,897.74

CONSOLIDATED FUND—INCOME FUND BALANCE

January 1st, 1954 to December 31st, 1954

January 1st, 1954—Balance to Credit of Account	$26,313.81
Addition	
Excess of Income over Expense—For Year Ended December 31st, 1954	2,897.74
December 31st, 1954—Balance to Credit of Account	29,211.55

CONSOLIDATED FUND—INCOME FUNDS
RECEIPTS, EXPENDITURES AND BALANCES
January 1st, 1954 to December 31st, 1954

Fund	Balances January 1st, 1954	Receipts						Expenditures			Balances December 31st, 1954	Balances—December 31st, 1954 Represented by					Balances December 31st, 1954
		Interest on Savings Accounts	Income from Investments			Other Income	Sub-Total	Special Purposes	Library Purposes	Transfers to General Fund		Additions				Deductions to General Fund	
			Distributive share		Direct							Savings account balances	Investments	Undeposited receipts	Due from contingent fund		
			per cent	amount													
Baker	$18.95	$.41	.62	$66.50			$85.86		$61.24		$24.62	$9.81		$14.81			$24.62
Barker, Lewellys F.	63.92	1.13	.38	40.76			105.81		91.40		14.41	5.33		9.08			14.41
Bowen, Josiah S.	1,104.67	20.60	8.51	912.70			2,037.97				2,037.97	1,834.65		203.32			2,037.97
Bressler, Frank C.	328.34	5.87	1.72	184.48			518.69				518.69	477.60		41.09			518.69
Cordell, Eugene Fauntleroy	5,197.19	19.17	3.50	375.38	$118.86		5,710.60				5,710.60	1,460.29	$4,127.07	83.62	$39.62		5,710.60
Cowles, Nellie N.	31.11	.67	.72	77.22			109.00		52.90		56.10	38.90		17.20			56.10
Ellis, Charles M.	—	—	4.32	463.32			463.32			$463.32	—			103.21		$103.21	—
Finney, John M. T.	1,223.15	22.52	8.06	864.45		$11.50	2,121.62		921.10		1,200.52	1,007.95		192.57			1,200.52
Frick, William F.	947.83	19.52	14.41	1,545.50			2,512.85		1,734.71		778.41	433.86		344.28			778.14
Friedenwald, Julius	174.85	3.06	.72	77.22			255.13				255.13	237.93		17.20			255.13
Harlan, Herbert	23.93	.54	.73	78.29			102.76		85.87		16.89	85.32		17.44		85.87	16.89
McCleary, Standish	111.25	2.00	.72	77.22			190.47		67.81		122.66	105.46		17.20			122.66
Osler Endowment	790.68	13.54	1.34	143.72			947.94				947.94	915.92		32.02			947.94
Osler Testimonial	1,254.75	22.81	7.44	797.95			2,075.51		801.27		1,274.24	1,096.49		177.75			1,274.24
Ruhrah, John	11,909.98	124.40	39.14	4,197.84		25.57	16,257.79		2,974.42		13,283.37	7,298.24	5,050.00	935.13			13,283.37
Stokes, William Royal	1,820.84	32.16	2.97	318.54			2,171.54		856.41		1,315.13	1,244.17		70.96			1,315.13
Trimble, Isaac Ridgeway	777.42	13.61	2.53	271.35			1,062.38	$184.35			878.03	817.58		60.45			878.03
Woods, Hiram	534.95	9.42	2.17	232.74			777.11	—			777.11	725.26		51.85			777.11
Totals	26,313.81	311.43	100.00	10,725.18	118.86	37.07	37,506.35	184.35	7,647.13	463.32	29,211.55	17,794.76	9,177.07	2,389.18	39.62	189.08	29,211.55

CONSOLIDATED FUNDS—AMOUNTS IN PRINCIPAL FUND

December 31st, 1954

Fund	Purpose	Balance January 1st, 1954	Additions: Elimination of Balance of Reserve for Fluctuation	Additions: Profit on Sale of Securities Year—1954	Balance December 31st, 1954
Baker	Books of Materia Medica	$870.50	$75.87	$76.57	$1,022.94
Barker, Lewellys F.	Library	520.00	46.50	46.93	613.43
Bowen, Josiah S.	General	11,807 29	1,041.42	1,050.96	13,899.67
Bressler, Frank C.	General	2,400.00	210.49	212.41	2,822.90
Cordell, Eugene Fauntleroy	Relief of Widows and Orphans	4,847.97	428.31	432.24	5,708.52
Cowles, Nellie N.	Library	1,000.00	88.11	88.92	1,177.03
Ellis, Charles M.	General	6,000.00	528.66	533.51	7,062.17
Finney, John M. T.	Books, Journals and Lectureships on Surgery	11,181.32	986.35	995.38	13,163.05
Frick, William F.	Maintenance Frick Library, Purchase Books and Journals	20,000.00	1,763.43	1,779.59	23,543.02
Friedenwald, D. Julius	Maintenance of Friedenwald Room	1,000.00	88.11	88.92	1,177.03
Harlan, Herbert	Books on Ophthalmalogy	1,015.00	89.33	90.15	1,194.48
McCleary, Standish	Lectureships and Books on Pathology	1,000.00	88.11	88.92	1,177.03
Osler Endowment	Permanent Endowment for Books and Buildings, by Request of Dr. Osler	1,860.98	163.98	165.48	2,190.44
Osler Testimonial	Medical Books and Maintenance of Osler Hall	10,316.99	910.47	918.81	12,146.27
Ruhrah, John	Library, Books and Journals, etc.	54,317.86	4,789.78	4,833.66	63,941.30
Stokes, William Royal	Lectureships and Books on Bacteriology	4,119.59	363.46	366.78	4,849.83
Trimble, Isaac Ridgeway	Lectureships Only	3,519.25	309.61	312.45	4,141.31
Woods, Hiram	General	3,000.00	265.56	267.99	3,533.55
Total		138,776.75	12,237.55	12,349.67	163,363.97

PROFIT OR LOSS ON SALE OF SECURITIES

During Year Ended December 31st, 1954

Amount	Description	Sales Price	Cost	Profit or *Loss*
	BONDS			
3,000.00	Chicago City Railway First Mortgage, 5%—February 1st, 1927—Final Distribution at $5.62	16.86	—	16.86
Shares	STOCKS			
20	American Tobacco Company	$1,146.74	$1,260.00	*$113.26*
25.5	Borden Company	1,671.83	892.04	779.79
30	Borg-Warner Corporation	2,978.07	175.00	2,803.07
50	Firestone Tire and Rubber Company	4,140.47	1,417.10	2,723.37
50	H. L. Green Company, Inc.	1,498.31	1,828.00	*329.69*
10	Montgomery Ward and Company	712.73	445.00	267.73
92	National Dairy Products	3,472.90	931.00	2,541.90
10	Pullman, Inc.	538.00	405.00	133.00
22	Socony-Vacuum Oil Company	1,019.51	287.00	732.51
10	Sperry Corporation	694.52	130.50	564.02
.9	United States Fidelity and Guaranty Company—Cash in Lieu of Fraction	66.57	66.57	—
48	United States Steel Corporation	2,722.37	492.00	2,230.37
Rights				
22	Pacific Telephone and Telegraph Company	87.73	87.73	—
		20,766.61	8,416.94	12,349.67

FUNDS INVESTED IN FIXED ASSETS—PRINCIPAL

December 31st, 1954

January 1st, 1954—Balance to Credit of Account			$394,512.00
Additions			
December 29th, 1953—1 Grey and Green Do/More Chair		$38.25	
January 22nd, 1954—1 Desk	$118.15		
—1 Desk	148.54		
—1 File	73.95	340.64	
January 29th, 1954—1 Standard Typewriter—Serial 11-5852788P—Additional Cost on Exchange		40.00	
February 1st, 1954—1 Arm Chair		70.34	
February 5th, 1954—1 Mahogany Lectern		95.00	
February 19th, 1954—2 4-Drawer Letter Files		147.90	
February 26th, 1954—1 Standard Typewriter—Serial 11-7518179E		165.50	
March 3rd, 1954—1 Gray and Green Do/More Chair		38.25	
April 15th, 1954—1 Light Shield		33.50	
April 30th, 1954—1 Standard Typewriter—Serical 11-7510838E		165.50	
June 16th, 1954—1 Walnut Wood Typewriter Table		19.00	
July 14th, 1954—1 Standard Typewriter—Serial E-13-7559289		173.45	
December 4th, 1954—4 8′ x 3′ Masonite Top Aluminum Bending Strip, Folding Legs—Steel Tables		107.80	1,435.13
			395,947.13
Deductions			
April 30th, 1954—1 Typewriter Traded-In—Estimated Cost		122.50	
July 14th, 1954—1 Typewriter Traded-In—Estimated Cost		122.50	245.00
December 31st, 1954—Balance to Credit of Account			395,702.13

BUILDING FUND—PRINCIPAL

January 1st, 1954 to December 31st, 1954

January 1st, 1954—Balance to Credit of Account		$60,652.49
Additions		
Payments on Pledges	$2,940.00	
Assessments	2,230.00	
Contribution—Women's Auxiliary of Baltimore City Medical Society	500.00	
Interest on Investments	1,195.08	6,865.08
		67,517.57
Deductions		
Bond Premium		12.50
December 31st, 1954—Balance to Credit of Account		67,505.07

CONTINGENT FUND

January 1st, 1954 to December 31st, 1954

INCOME

January 1st, 1954—Balance to Credit of Account		$867.25
Additions		
Dividends	$303.00	
Interest—United States Government Bonds	62.50	
—Savings Account	8.16	373.66
		1,240.91
Deductions		
Agency Fee		31.65
December 31st, 1954—Balance to Credit of Account		1,209.26

PRINCIPAL

January 1st, 1954—Balance to Credit of Account		9,525.92
Deduction		
Loss on Redemption of $2,500.00 United States Treasury Savings Bonds—Series "G"—Due August 1st, 1958		97.50
December 31st, 1954—Balance to Credit of Account		9,428,42

MEDICAL ANNALS FUND

January 1st, 1954 to December 31st, 1954

January 1st, 1954— Balance to Credit of Account		$812.73
Additions		
Interest on Savings Account	$7.90	
Receipts from Sale of Annals	68.07	75.97
December 31st, 1954—Balance to Credit of Account		888.70

HARVEY G. BECK LECTURESHIP FUND

January 1st, 1954 to December 31st, 1954

INCOME

January 1st, 1954—Balance to Credit of Account		$83.51
Additions		
Dividends	$117.00	
Interest—Savings Account	2.37	119.37
		202.88
Deduction		
Agency Fee		5.85
December 31st, 1954—Balance to Credit of Account		197.03

PRINCIPAL

January 1st, 1954—Balance to Credit of Account	1,998.55
Addition	
Sale of 13 Rights American Telephone and Telegraph Company during 1953	31.85
December 31st, 1954—Balance to Credit of Account	2,030.40

BALANCE SHEET—DECEMBER 31ST, 1954

ASSETS

General Funds			
Cash—Maryland Trust Company	$14,397.36		
—Undeposited Receipts	1,700.00	$16,097.36	
—Petty Cash Fund		100.00	$16,197.36
Due from Consolidated Fund—Income Funds			
Charles M. Ellis Fund		103.21	
Herbert Harlan Fund		85.87	
Special Savings Account		1.00	190.08
Total General Fund Assets			$16,387.44
Consolidated Fund—Income Funds			
Cash—The Savings Bank of Baltimore		17,794.76	
—Undeposited Receipts		2,389.18	
—The Savings Bank of Baltimore—Special Account		1.00	20,184.94
Investments			
Maryland Medical Service, Inc.		5,050.00	
Common Stocks		4,127.07	9,177.07
Due from Contingent Fund—Income			39.62
Total Consolidated Fund—Income Funds—Assets			29,401.63
Consolidated Fund—Principal			
Uninvested Cash—Held by Maryland Trust Company		8,662.32	
—Held by Mercantile-Safe Deposit and Trust Company		10,386.96	19,049.28
Investments—Cost			
United States Government and Municipal Bonds		40,282.91	
Public Utility and Railroad Bonds		20,057.66	
Preferred Stocks		9,177.92	
Common Stocks		74,796.20	144,314.69
Total Consolidated Fund—Principal—Assets			163,363.97
Funds Invested in Fixed Assets (No Depreciation Provided)			
Real Estate—Cost			
Property—1211-13 Cathedral Street—In Fee		110,635.76	
Annex Property—1215-17 Cathedral Street—In Fee		19,118.95	129,754.71
Personal Property—Appraisal Figures at December 31st, 1949 and Additions at Cost			
Library Books and Journals		231,370.00	
Office Library, Household Fixtures, Antiques and Museum Pieces		20,577.42	
Portraits		14,000.00	265,947.42
Total Funds Invested in Fixed Assets			395,702.13
Forwarded			604,855.17

LIABILITIES AND FUNDS

General Funds			
Liabilities			
Account Payable—Building Fund			$2,265.00
Designated Funds			
For Library Account—Books and Journals	$61.54		
For Geriatrics Committee	78.00		
For Dental Books	2.10		141.64
Withholding Tax—December, 1954			624.40
Prepaid Exhibit Fees			225.00
Total General Fund Liabilities			3,256.04
General Fund Surplus			13,131.40
Total General Fund Liabilities and Surplus			$16,387.44
Consolidated Fund—Income Funds			
Liabilities			
Due to General Fund—From Charles M. Ellis Fund			103.21
—From Herbert Harlan Fund			85.87
—From Special Savings Account			1.00
Total Consolidated Fund—Income Funds—Liabilities			190.08
Consolidated Fund—Income Funds—Balance			29,211.55
Total Consolidated Fund—Income Funds—Liabilities and Balance			29,401.63
Consolidated Fund Principal			
Principal			
Designated Funds			163,363.97
Total Consolidated Fund—Principal			163,363.97
Funds Invested in Fixed Assets			
Principal			395,702.13
Total Funds Invested in Fixed Assets—Principal			395,702.13
Forwarded			604,855.17

ASSETS—*Continued*

Brought Forward			$604,855.17
Building Fund			
Cash—First National Bank—Checking Account	$2,689.63		
—Savings Account	66.04	$2,755.67	
—The Savings Bank of Baltimore—Savings Account		2,052.50	$4,808.17
Investments—Cost			
United States Government Bonds		57,356.30	
Public Utility Bonds		3,075.60	60,431.90
Due from General Fund			2,265.00
Total Building Fund Assets			67,505.07
Contingent Fund—Income			
Cash—The Savings Bank of Baltimore			768.54
Due from Contingent Fund—Principal			480.34
Total Contingent Fund—Income Assets			1,248.88
Contingent Fund—Principal			
Uninvested Cash—Maryland Trust Company			2.16
Investments—Cost			
United States Government Bonds		2,500.00	
Common Stock		7,406.60	9,906.60
Total Contingent Fund—Principal—Assets			9,908.76
Medical Annals Fund			
Cash—Union Trust Company of Maryland			888.70
Total Medical Annals Fund Assets			888.70
Harvey G. Beck Lectureship Fund—Income			
Cash—The Savings Bank of Baltimore			197.03
Total Harvey G. Beck Lectureship Fund—Income Assets			197.03
Harvey G. Beck Lectureship Fund—Principal			
Uninvested Cash—Maryland Trust Company			31.85
Investments—Cost			
Common Stock			1,998.55
Total Harvey G. Beck Lectureship Fund—Principal—Assets			2,030.40
Total Assets			686,634.01

LIABILITIES AND FUNDS—*Continued*

Brought Forward		$604,855.17
Building Fund		
Principal	$67,505.07	
Total Building Fund—Principal		67,505.07
Contingent Fund—Income		
Liabilities		
Due Eugene Fauntleroy Cordell Fund—Consolidated Fund Income	39.62	
Balance	1,209.26	
Total Contingent Fund—Income Balance		1,248.88
Contingent Fund—Principal		
Liabilities		
Due to Contingent Fund—Income	480.34	
Contingent Fund—Principal	9,428.42	
Total Contingent Fund—Principal—Liabilities and Principal		9,908.76
Medical Annals Fund		
Principal	888.70	
Total Medical Annals Fund—Principal		888.70
Harvey G. Beck Lectureship Fund—Income		
Balance	197.03	
Total Harvey G. Beck Lectureship Fund—Income Balance		197.03
Harvey G. Beck Lectureship Fund—Principal		
Principal	2,030.40	
Total Harvey G. Beck Lectureship Fund—Principal		2,030.40
Total Liabilities and Funds		686,634.01

MEDICAL AND CHIRURGICAL FACULTY

CERTIFICATE

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET,
BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made an audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of the State of Maryland for the year ended December 31st, 1954. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty as of December 31st, 1954, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully Submitted,
WOODEN, BENSON & WALTON
Certified Public Accountants,
Members American Institute of Accountants

FISCAL FACTS*

of the

Medical and Chirurgical Faculty

of the State of Maryland.

Being a re-cast of the Budget for the 1955 Fiscal Year

Estimated Income—Fiscal Year 1955—by Source

From Dues	$ 86,332.00	65.9%
From Journal advertising	18,640.00	14.2%
From Invested Funds	10,985.00	8.4%
From Annual and Semi-annual Meetings	5,365.00	4.0%
From Baltimore City Medical Society and Dental Society	4,910.00	3.8%
From Rentals	4,785.00	3.7%
	$131,017.00	100.0%

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

Estimated Disbursements—Fiscal Year, 1955—by Function and Object

Administrative, secertarial and clerical salaries		$ 39,791.00	30.4%
Publication of Journal*		25,500.00	19.5%
Maintenance of Library		15,985.00	12.2%
Maintenance of Property		15,899.00	12.1%
Postage, telephone, light and heat		8,700.00	6.6%
Meetings, Annual and Semi-annual**		8,000.00	6.1%
Office Supplies, office equipment and printing		5,742.00	4.4%
Miscellaneous		5,850.00	4.5%
Other:			
Legal Fees	$1,200.00		
Taxes	2,300.00		
Travel	1,300.00		
Service to Committees	750.00	5,550.00	4.2%
		$131,017.00	100.0%

Cost of Journal*	$ 25,500.00	
Less Revenue from Advertising	18,640.00	
Less cost of Transactions (formerly separately printed, now published in Journal)	$ 6,860.00 800.00	
	$ 6,060.00	
Cost per member (2553 members)	2.37	

* Printed in leaflet form and mailed to all members in April 1955.

** Of this amount $5,365.00 is collected from sale of exhibit space and from other sources leaving net cost to the Faculty of $2,635.00 for Annual and Semi-Annual meetings.

COUNCIL*

Mr. President and Members of the House of Delegates:

My last report to you was for the meetings held prior to the April meeting of the House of Delegates. From this date until December, when my tenure of office on the Council expired, there were seven meetings of the Council, including the April 13th and April 26th meetings, four meetings of the Executive Committee, and by telephone or mail, prompt action was taken on emergency questions regarding the Faculty. The meetings have been well attended.

Requests from Component Societies, the American Medical Association, State Medical Societies and other groups, either medical or allied to medicine, were discussed and specific action taken when required. Our American Medical Association delegates requested and were given instructions regarding definite subjects, osteopathy and medical care of veterans, which were to be on the agenda of the House of Delegates of the American Medical Association.

Recommendation and action was taken on National legislature, such as Social Security, Reinsurance, and also on local matters.

The major portion of the November 9th meeting was devoted to discussion of the proposed amendment to the Child Care and Placement Law. The Secretary was authorized to send the information and action of Council to the Component Societies. This would give our members the data so they could ask their local delegates to the Maryland Legislature to act according to their suggestions when the amendment is presented to the General Assembly.

The Council selected the Semiannual Meeting date of September 30, 1954, and accepted the invitation from the Washington County Medical Society to hold the meeting in Hagerstown.

The Council appointed a Committee to make a specific study of the problem relating to the Annual Meeting program and the type of program arranged for this year 1955 by the Committee on Scientific Work and Arrangements is the result. The dates of April 21, 22, and 23, 1955 for Annual Meeting were approved.

It is difficult to determine the date of payment of dues of some of the members, particularly in cases when a member requests Physicians' Defense. This subject and suggestion that the dues might be collected by the Faculty office was brought to the attention of the Component Societies. As it is necessary to have one hundred per cent approval for this method for collection of dues, the procedure was not approved by all the Components, so billing has continued as in previous years.

At several meetings, thought was given to the better distribution of doctors in Maryland and this was referred to two standing committees:

Committee on Rural Health, Dr. Page C. Jett, Chairman and

Committee for Better Distribution of Doctors throughout the State, Dr. Allen F. Voshell, Chairman.

Insurance on a group basis has on several occasions been the subject for discussion by Council. The Executive Committee was instructed to obtain the reaction to such insurance, but the replies were so few, no further action was taken by the Council on group insurance.

Many recommendations and suggestions originate in the Council, but this body refers them to the House of Delegates so that the representatives from all the Components may take definitive action. However, the groundwork is often laid in Council.

The Executive Committee and Council met on at least two occasions with representatives from the Maryland Society of Pathologists, Dr. Perry and others from the State Department of Health, regarding the proposed licensure law for laboratory technicians. The Secretary, on instruction from Council, brought this to the attention of the Component Medical Societies. Of the Components who replied, the majority were opposed to it. The Council recorded itself as opposed to the proposed law.

At the request of the Chairman, Dr. J. Sheldon Eastland, the name of his Committee was changed to "Committee on Diabetes."

The Maryland Branch of the American Red Cross had been requested by the American Legion who had also written to the Faculty, to set up a blood bank in this area. This was referred to our Blood Bank Committee, and their recommendations that such a bank not be set up was approved. The Secretary was asked to so notify the Components.

The Panel of members of the Faculty, who are to be available to the Judges of the Courts as expert impartial witnesses, has been completed. Requests have been received from three or four judges. At present this Panel is available only for the Baltimore City Courts.

Dr. George H. Yeager requested the Council to recommend to the House of Delegates that the following committees be discharged: Committee on Medical Research, Cancer Committee and Scientific Speakers Bureau. Council approved and the House of Delegates acted in conformity with the suggestion and approved the discharge of the above named committees. (See page 532.)

Council extended to the Southern Medical Association, an invitation to hold their 1956 meeting in Baltimore providing there be no expense to the Faculty.

The Component Societies were polled and the majority requested that the Faculty office collect the Library Building Fund assessment.

The Council directed that only full dues paying members should be billed for the Library Building Fund Assessment.

The Council ruled that all resolutions should be in the Faculty office by March 1st if they are to be considered at the Annual Meeting. However, Council reserves the right to review and forward any resolutions received after this date. This was to be published in the Maryland State Medical Journal and the Secretary notified the officers of the Components of this action.*

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* Council report for 1954 made by Dr. E. Cowles Andrus, whose term expired December 31, 1954. Report for January 1954 through March 1955 made by Dr. Warfield M. Firor, and there may be some overlapping in both of these reports.

* Published in Vol. 4, No. 3, March 1955 MARYLAND STATE MEDICAL JOURNAL.

The Faculty gave its endorsement to the Committee on Accident Prevention of the Maryland Chapter of the American Academy of Pediatrics in its program publicizing accident control to children.

Dr. Warfield M. Firor was elected Chairman of the Council for 1955, and Dr. Whitmer B. Firor was reelected Vice Chairman.

This report covers only the more important subjects which have come before the Council. I would like to point out that it has met with representatives from the Health Departments, Red Cross, Component Medical Societies, members of the Bar, and of Committees, so that the Council may have an overall picture on a designated subject before taking action.

As I am not a member of the Council at present, I feel free to say that when elected to this body one assumes an obligation to the Medical and Chirurgical Faculty to give of time and advice. I agree with Dr. Pincoffs who said on December 14, 1954, when his tenure of office on the Council ended, "I consider it a privilege to be counted among its members."

Respected submitted,

E. COWLES ANDRUS, M.D., *Chairman*, 1954

* * * * *

Mr. President and Members of the House of Delegates:

There may be a slight overlapping of Dr. Andrus' report and mine, as in some instances the subject was discussed more than once before final action.

From January 1, 1955 through March 30, 1955, the Council has held two meetings, the Executive Committee has met once, and approximately by mail memorandums fifteen decisions have been reached. Prior to the Annual Meeting in April, the Executive Committee will meet and so will the Council.

Under the law of Maryland, the Medical and Chirurgical Faculty submits to the Governor lists (usually three) of names of members of the Faculty to serve on various Boards. From April to December the following were appointed by the Governor from the names suggested:

Advisory Board to the State Department of Health for the Licensing of Hospitals—Dr. J. Oliver Purvis.

State Board of Physical Therapy Examiners—Dr. W. Richard Ferguson.

Advisory Council on Hospital Construction to the State Board of Health—Dr. William D. Noble.

Nominees have been submitted to the Governor for vacancies occurring on the Medical Board under Occupational Disease Law, and the Advisory Council on Hospital Construction to the State Board of Health, but at this writing the names of those appointed by the Governor have not been forwarded to the Faculty.

The Reinsurance Committee's Report was accepted, and the Council expressed its appreciation to the Committee which, as requested, was discharged.

The Special Committee of the Council to Investigate the Library (appointed November 1954), consisting of Dr. W. B. Firor, Chairman, Dr. H. M. Bubert, Dr. T. A. Christensen, and Dr. H. C. Hull, submitted its report. On the basis of said report, the Council recommended amendments to the By-Laws, which should take care of library finances. Other recommendations of this Committee are being held in abeyance until the new Director assumes office.

Dr. Krause reported that Miss Helen Wheeler, the librarian, is ill and, therefore, tendered her resignation to the Library Committee and Council. This was received with regret. Council approved Miss Wheeler's recommendation, which was included in her letter of resignation, that Mrs. Mary E. W. Berge, her assistant, be appointed as librarian, effective at the time when Miss Wheeler's resignation is accepted.

In November 1954 the television station WMAR approached the Faculty in reference to putting on a program on a Statewide basis. Each member of the Council attending the February 8, 1955 meeting and present for this discussion, was asked his opinion, and none favored the participation of the Faculty in such a program.

Dr. J. Oliver Purvis of Annapolis has completed fifty years of membership, and his name has been included on the list of those who have been active for that number of years.

From April 13, 1954 through February 1955, Physician's Defense has been granted to fourteen members. Mr. G. C. A. Anderson, the Faculty attorney, has reported to Council on cases that have been settled.

Dr. Karl Mech, Chairman of the Legislative Committee, reported on bills before the Maryland Legislature, and the Council recommendations on the bills all conformed to Dr. Mech's suggestions.

The Chairman of the Council, in accordance with the By-Laws of the Maryland Hospital Service and Maryland Medical Service, appointed the corporate members of Blue Cross; the Class "A" members, the Reference and Appeals Committee and Medical Relations Committee of the Blue Shield.

The Board of Medical Examiners wished to have amendments to the Medical Practice Act, which were approved by Council. An emergency meeting of the Council was called on March 16th at the request of the Board of Medical Examiners. Plans were laid to give support to the Board of Medical Examiners, not only by the Council, but by the Deans of the Medical Schools, the Component Societies, and others.

The resignation of Mr. Walter N. Kirkman as Director of the Faculty was received with regret. The Council expressed its appreciation to Mr. Kirkman for his work.

The Committee to Select a Successor to Mr. Walter N. Kirkman (appointed December 1953) recommended the employment of Mr. Jesse Marden IV, as the Director, and that Mr. Kirkman is to be retained on a part time salary basis of $100.00 a month. The Council approved the recommendations of this Committee. As of May 1, 1955 Mr. Marden will become the Director at an annual salary of $7,500.00.

The Council recommends to the House of Delegates that the following be placed on the list of emeritus members: (See page 541.)

BALTIMORE CITY:

DR. WILLIAM J. NEILL, JR.
DR. WILLIAM M. ROWLAND
DR. THOMAS P. SPRUNT
DR. MERRELL L. STOUT
DR. HARRY E. WILSON
DR. GUSTAV H. WOLTERECK
DR. HERBERT ELMO ZEPP

BALTIMORE COUNTY:
DR. EDWARD H. BENSON
DR. CHARLES B. ENSOR

CECIL COUNTY:
DR. JAMES F. MAGAW

MONTGOMERY COUNTY:
DR. CLAUDE W. MITCHELL

ST. MARY'S COUNTY:
DR. FRANCIS F. GREENWELL
DR. LEONARD B. JOHNSON

WASHINGTON COUNTY:
DR. H. D. GILMER

Respectfully submitted,
WARFIELD M. FIROR, M.D., *Chairman*, 1955

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

Your Delegate, because of personal affairs, was unable to attend the California meeting of The American Medical Association in June of 1954. Our alternate Delegate, Dr. Louis Douglass, more than capably substituted for your Delegate.

Your Delegate attended the Eighth Clinical Meeting of the American Medical Association in Miami, Florida, from November 29 to December 2, 1954. Many matters of importance were brought before the House of Delegates. Your Delegate was Chairman of the Reference Committee on Hygiene, Public Health, and Industrial Health. A great many matters of policy were referred to this Reference Committee and it occupied a lot of our time in meetings and in preparation for the Reference Committee reports.

Of interest was a specific recommendation on Publicity, namely, that we recommend supplementary articles to Today's Health to appear in lay magazines and to be written by competent medical authorities. This recommendation was accepted by the House of Delegates.

One of the high lights of the meeting was a talk by Mrs. Oveta Culp Hobby who presented the case for the Eisenhower Administration's Reinsurance Health Proposal in which she stated, "The Health Reinsurance Proposal represents what we believe to be a necessity. It offers opportunity for self help without subsidy." She was well received by the House of Delegates but not nearly as well received as Mr. Edwin J. Faulkner who presented the case for the Insurance Companies. He expressed the opinion that the Reinsurance Program, "would be foredoomed to disappoint its proponents," and he declared that voluntary health insurance can bring satisfactory protection "to practically all of our people" without a Federal reinsurance program.

Matters pertaining to geriatrics, medical ethics, internships, grievance committees and hospital accreditation were brought before the various Reference Committees. An organization on geriatrics within the present structure of the American Medical Association was created which would assist committees on geriatrics and gerontology originating from the constituent state associations of the American Medical Association. They would also present facts to the American people pertaining to the subject of geriatrics.

In regard to medical ethics, one change was made in the Principles of Medical Ethics so that it now reads as follows on the subject of patents and copyrights. "A physician may patent surgical instruments, appliances and medicines or copyright publications, methods and procedures. The use of such patents or copyrights or the receipt of remuneration from them which retards or inhibits research or restricts the benefits derivable therefrom is unethical."

The matter of interneships was reviewed. The problem of having adequate internes for all hospitals is to date one that cannot be solved to the satisfaction of everyone. Innumerable plans have been suggested but all failed to recognize that there are not enough internes to fill the known interneships.

The meeting was one of the best attended. The quality and scope of the papers was of a very high order and the exhibits were well worth seeing.

Respectfully submitted,
WARDE B. ALLAN, M.D.

DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

Submitted herewith is a report on the annual meeting of the A. M. A. in San Francisco and the interim meeting in Miami, Florida. The information regarding the former is a joint report of Dr. Howard M. Bubert, Delegate, and Dr. Louis H. Douglass, Alternate Delegate, and an individual report of Dr. Howard M. Bubert covering the Miami meeting.

SAN FRANCISCO—JUNE 1954

As a freshman member of the House of Delegates of the A. M. A., it can be understood that I was not a very impressive cog in that well-established machine. Unfortunately, the senior delegate, Dr. Warde B. Allan, was unable to attend; consequently his alternate, Dr. Louis H. Douglass and I did our best to represent this Faculty.

The decision as to the form and scope of this report is a difficult one to make. The obvious approach would be to inform you fully and in detail about the business transacted but, if I attempted this, then this meeting today would have time for no other business. In view of the fact that the transactions of the House in San Francisco have been covered exhaustively in the Journal of the A. M. A., I believe that such an approach would be a complete waste of time. Perhaps a few items might be of interest.

The leading contenders for the office of President were not entirely acceptable to a considerable number of Delegates and they approached Dr. Harvey B. Stone, whom you all know so well, and obtained his permission to offer his name in nomination. Dr. Douglass and I were naturally quite enthused about this proposition and as Senior Delegate from Maryland, albeit by default, it was my pleasant duty to make the nomination. Unfortunately we did not win, but we were not too upset in view of the fact that the winner was elected as a result of a sudden, spontaneous demonstration which had been under way for several years.

About ninety resolutions were presented to the House for consideration in addition to the reports of the Officers, the Board of Trustees and the different Councils. Some items of perennial interest were the following:

Fee Splitting: Continued opposition to fee splitting in any form was expressed. However, it was recognized that certain nonprofit insurance companies insist upon combined or joint bills but that most of them paid these bills by the issuance of separate checks. This was not considered unethical. Also, in cases where patients demand one bill, all items should be itemized and payments should be to the individual physicians even though the bill initially was presented by one of them, as requested by the patient.

Osteopathy: A report of the Board of Trustees suggested that representatives of the A. M. A. make "on campus" inspections of Osteopathic Schools so that a final determination might be made as to whether Osteopathy is a Cult. This recommendation was accepted. Obviously this would have to be acceptable to the American Osteopathy Association. Here, I may say, the proposition was accepted by the latter organization at its July meeting. The House of the A. M. A. further decided to continue the Committee considering this matter and, to defer final action, until the December meeting in Miami.

Closed Panel Plan: The New York Delegation offered a Resolution changing the Principles of Medical Ethics as they related to participation in Closed Panel Plans by members. It was decided to request the Judicial Council to study the matter and to consider the New York Resloution in relation thereto. The Council is to report to the House at the next Annual meeting in June.

Veterans Medical Care: The House went on record as opposing the establishment of service connected disabilities by legislation.

Foreign Medical Graduates: This matter was referred to the Council on Medical Education and Hospitals for further study. The Council reported at Miami that this very difficult problem is still under study. Furthermore, during the Congress on Medical Education and Licensure, held in Chicago in February, the State Boards' group were of the opinion that the same requirements should be established for foreign graduates as for local graduates.

Miami Meeting (HMB)

Mrs. Hobby of H. E. W. made a strong plea for the reinsurance provision proposed by President Eisenhower. Mr. Faulkner from the insurance industry made an equally strong argument against it. Whereas the action of the House of Delegates was unfavorable to reinsurance, some of the individual delegates felt that Mrs. Hobby had rather the best of it.

Mr. Collins, President of the American Legion, addressed the House of Delegates at Miami and stated that his organization wants 128,000 beds for the more than 20,000,000 veterans. This organization favors a provision of the law which provides for hospital or domicilary care within the existing facilities of the Veterans Administration regardless of service connection. He asked for a joint committee from the A. M. A. and the American Legion for further study of this matter.

The Board of Trustees' report contained some interesting statistics. The A. M. A. now has 121,064 members, representing an increase of 4,000 during the past year. Dues collected during the eight months of the report amounted to $3,020,975.50, an increase of $97,000. They also reported that uniformity of membership provisions of the State societies was increasing. The Miami meeting was attended by 3,253 members, representing one of their biggest interim meetings.

Comment: Because these routine matters were fully reported in the Journal of the A. M. A., I believe that it would be profitless to discuss them further. However, there are some items, in our opinion, that should be seriously considered by this House.

No one can attend a meeting of the National House of Delegates without becoming acutely conscious of the power and prestige of the A. M. A. and its increasing influence over the professional and economic lives of all of us. In view of this we believe it is a dreadful mistake for this Faculty not to have maximum representation. We do not have it now. If all of our members were also members of the A. M. A. we would have three rather than two delegates as at present. Because the House of Delegates of the A. M. A. includes in its membership men who have served for many years, naturally they have obtained a position of influence out of proportion—in some instances—to the size of their delegation. Because the national organization has become so powerful—whether we like it or not—it behooves all doctors to become active in their local and state societies. Otherwise control is going into the hands of those who are active and perhaps the results will not be to our liking.

The attitude that being a delegate is "just another job" should not prevail. Also, more adequate financial provisions should be made for these representatives. Frankly, the ones prevailing bear no relationship to the realities. Other states do not adopt this attitude. Needless to say, if attendance is going to be considered simply as a vacation with part expenses paid, then we believe no one should be sent. We should like to make several recommendations:

1. When you find a good man, keep sending him back. Each time he serves he becomes infinitely more valuable to the Medical Faculty. A first-termer, such as I was (HMB), is just another badge.

2. Take steps to get more members of this organization into the A. M. A. Required membership in the A. M. A. should be given serious consideration.

3. If there are to be only two men from Maryland—and we sincerely trust not—then drop me (HMB) and elect a County man. It is wrong to have two men from Baltimore City. Our problems are entirely different and I do not think this present plan is fair.

In closing, I want to thank this body for the opportunity to represent our State and to say that it has been a pleasure to work with the Officers, the Members of the Council, and the Staff of the Faculty. They have been most kind and cooperative and have made the introduction of one of us as a "greenhorn" entirely painless.

Respectfully submitted,
Howard M. Bubert, M.D.
Louis H. Douglass, M.D.

BOARD OF MEDICAL EXAMINERS*

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

Erasmus H. Kloman	—1955
John H. Hornbaker	—1955
John E. Legge	—1956
Samuel McLanahan	—1956
Henry T. Collenberg	—1957
Norman E. Sartorius, Jr.	—1957
Lewis P. Gundry	—1958
Wylie M. Faw, Jr.	—1958

As the terms of Dr. Kloman and Dr. Hornbaker expire in June, 1955, two members to serve until 1959 are to be elected at the meeting of the Medical and Chirurgical Faculty.

Examinations given during the year show the following results:

Applications for examination	488	
Second year students examined	172	
Postponed or withdrawn	25	
Not eligible for license	197	
Examined in second part of examination	140	
Complete examination given	151	
Eligible for license	291	
Passed	259	
Failed	32	291

Of the thirty-two who failed, 29 were graduates of foreign medical schools, 1 a graduate of the University of Maryland and 2 graduates of Howard University.

Licenses issued after examination	259
Licenses issued by reciprocity with other States	102
Licenses issued in recognition of National Board Certificates	102
Total licenses issued	463
Licenses revoked, following second hearing (N. B. Steward comment)	1
Licentiates certified to other States	246
Borderline permits issued	39
Copies of license issued	9
Foreign graduates approved for examination	92
Foreign graduates examined	72
Foreign graduates failed	29
Written inquiries from foreign graduates	288
Office interviews with foreign graduates (approx.)	250
Telephone inquiries from foreign graduates estimated	250

David Aitchison

David Aitchison of Takoma Park, Maryland, a naturopath who "specializes in cancer," was convicted in the Circuit Court of Montgomery County on December 3, 1953, of unlawful practice of medicine and sentenced to a fine of $200 and costs and imprisonment in the County jail until payment was made. The case was appealed and on May 25, 1954 the Court of Appeals gave the opinion that persons practicing naturopathy must have license from the State Board of Medical Examiners. The Judgment of the Circuit Court was affirmed with costs.

Naturopaths

Following the decision of the Court of Appeals in the David Aitchison case, the naturopaths must have licenses to practice medicine, Kenneth Hitchcock, a naturopath who is secretary of the Naturopathic Society applied to this Board for a license. On advice of the Attorney General he was informed that he must offer the qualifications required of all persons wishing to obtain license to practice medicine in Maryland. On November 15, 1954 the Naturopathic Association, Kenneth Hitchcock, and four other persons, not naturopaths, entered suit in the United States District Court for the District of Maryland against both Boards of Medical Examiners (regular and Homeopathic), the Attorney General of Maryland, the State's Attorney for Baltimore City, and the Police Commissioner of Baltimore City to enjoin these groups and persons from interfering with the practice of Naturopathy. No action has been taken by the Court.

N. B. Steward, M.D.

The Court of Appeals of Maryland in an opinion filed January 14, 1954 reversed a decision of the Circuit Court of Prince George's County which disqualified the Board of Medical Examiners from hearing and acting on a Complaint against Dr. N. B. Steward again. The Appeals Court held that the lower Court was in error in its decision, and that the Board might consider the complaint again. Accordingly, a hearing was held on April 28, 1954 and as a result, an Order of the Board revoking the license of Dr. Steward was sent the Doctor who entered an appeal in the Circuit Court of Prince George's County. On August 11, 1954 the appeal was heard and on September 13, 1954 the Court reversed the Revocation Order of the Board. As the law provides no appeal from the decision of the Court none was filed but the Attorney General entered a motion on behalf of the Board to have the three judges of the Circuit hear the case. This motion was denied, but the Attorney General has filed an appeal on a procedural point but no report on this appeal has been received up to this time. The Attorney General hopes to have the Court of Appeals order the three judges of the circuit reconsider the case on its merits.

Louis Werner

Louis Werner, previously indicted for illegal practice of medicine was convicted on June 15, 1954 and received a suspended sentence of one year in the House of Correction, and probation for five years on condition he separate himself from medical practice.

Annual Registration

Annual registration of physicians was recommended to the 1954 Annual Meeting of the Medical and Chirurgical Faculty. A Committee to study this proposal, composed of

* See pages 527 and 540, September 1954 and April 1955, House of Delegate Minutes.

some members of the Faculty and of the Board, was appointed. A Report was made at the semi-annual meeting in Hagerstown in September 1954 but it was ordered that further study be made and that a copy of the proposed law be submitted for consideration. A tentative draft of a law providing annual registration formed part of an article on the subject, in the January 1955 issue of the MARYLAND STATE MEDICAL JOURNAL.

Narcotic Violations

During the year 1954 the Board has considered the case of a licentiate of this Board who has been reported guilty of narcotic violations in the State of New York. However, the matter has been considered by the Grievance Committee of the New York Education Department and by the Board of Regents but action has been deferred from time to time. No action has been taken by this Board pending the outcome in New York.

January 18, 1955 the Board revoked the license of a physician licensed in Maryland who was found guilty of abortion in the State of New York. A similar case is pending before the Board and is to be considered at the next meeting.

On January 18, 1955, one Stanly Barnhart, naturopath, Silver Spring, Maryland was found guilty of illegal practice of medicine and fined $200. and costs in the Circuit Court of Montgomery County at Rockville, Maryland. The Board was represented at the trial.

General Assembly Report

Early in the session the Naturopaths presented a Bill to license that group. A Hearing was held on February 17, 1955 and several members of the Medical and Chirurgical Faculty, as well as, members and officers of the Board, and the Health Department were present. This was killed in Committee.

A Bill to abolish the Board of Medical Examiners representing the Maryland State Homeopathic Medical Society was introduced by that Board at the 1954 session of the General Assembly. It was desired to abolish the Homeopathic Board because there are no medical schools teaching Homeopathy except as an elective. In the two schools where it is an elective the subject is not required for the medical degree and there have been very few applicants for license, only eight or ten during the past ten years. The Homeopathic Medical Society was no longer functioning, hence as Board members retired or died there was no one to replace them. For the past two or three years there were only six Board members instead of the required eight. The Bill did not come out of Committee in 1954. In 1954 a group of Homeopathic Doctors, only one of whom was affiliated with the former Homeopathic Society, organized another Society and from that group formed a Board and, although all records and equipment of the old Board had been sent to the Maryland Hall of Records, these were returned to this newly activated Board. At the beginning of the 1955 session of the Legislature the Bill introduced last year was brought out by the Speaker of the House of Delegates, as House Bill 5. This was referred to the Judiciary Committee. This Bill, approved by the Medical and Chirurgical Faculty and the Board of Medical Examiners was opposed by the new Homeopathic Board. Several members of the Board went to Annapolis to state their objections. A Hearing was held on February 16, 1955 at which representatives of this Board spoke in favor of the Bill as did also, Dr. Maurice Shamer, the last President of the former Homeopathic Board. An unfavorable report was given the Bill by the Judiciary Committee, this tabled House Bill #5.

The Board of Medical Examiners representing the Medical and Chirurgical Faculty wished to make certain amendments to the Medical Practice Act and after consultation with the Attorney General introduced House Bill 521 which would abolish the Homeopathic Board and provide certain other desirable changes in the Medical Practice Act. This Bill was referred to the Ways and Means Committee, before which a Hearing was held on March 23rd.

A large group of members of the Faculty, including the Legislative Chairman, the Deans of both medical schools, officers and members of many of the County Medical Societies, officers of the Board of Medical Examiners, were present. The Deans of the medical schools, Dr. Stone of the University of Maryland Medical School, Dr. Welty, of Talbot County Health Department, Dr. Mech, Chairman of Legislation of the Medical and Chirurgical Faculty, Dr. Kloman, President of the Board of Medical Examiners, and Dr. Maurice Shamer, last President of the old Homeopathic Examining Board, all spoke in favor of the measure with the result that it was given a favorable report by the Ways and Means Committee, passed by the House and then sent to the Senate. Two representatives of the new Homeopathic Board (Dr. Reddick and Dr. Swartwout) opposed the Bill at the Hearing.

In the Senate Comittee on Judicial Proceedings a Hearing was held on April 1, 1955 at which time the new Homeopathic Board strenuously opposed the Bill, particularly stating that it would permit the regular Board to revoke the licenses of Homeopaths (without cause). A large group including, as before, Deans of medical schools, other officers of the schools, representatives of City and County medical societies, the President of this Board, and again the last President of the old Homeopathic Board, and Dr. Maurice Pincoffs. Communication was had with Senators from the counties where the opposition was strongest, and with the Attorney General. Amendments were written to the Bill late at night of the final session of the Assembly, and the Bill passed the Senate but when it was returned to the House for concurrence in two minor amendments, the House failed to approve the amendments and the Bill was lost.

Respectfully submitted,
LEWIS P. GUNDRY, M.D., *Secretary*

MEDICAL PRACTICE ACT

State Board of Medical Examiners—Henry T. Collenberg, Wylie M. Faw, Jr., John H. Hornbaker, John E. Legge, Norman E. Sartorius, Jr., Erasmus H. Kloman, President; Samuel McLanahan, Vice-President; Lewis P. Gundry, Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.

Meetings of the Board of Medical Examiners of Maryland—The regular annual meeting is held the first Tuesday in June and other meetings are held about four times a year at such times as the discretion of the Board may determine.

Special meetings are held from time to time to consider particular policies or problems.

Regular Examinations—Examinations are held in Baltimore, the third Tuesday in June for four consecutive days and the second Tuesday in December for four consecutive days.

Reciprocity or Endorsement Information—The license of the Board of Medical Examiners of Maryland is recognized for license without examination in the following States: Alabama, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia and Wisconsin.

Many States, however, have special requirements which must be met by each applicant for license by reciprocity or endorsement.

Certain other States require a year of residence in the State granting the original license after the license is issued.

Another State requires a rotating internship before license, or two years of practice after license.

West Virginia requires a baccalaureate degree.

States having Basic Science Laws may require an examination in Basic Sciences. It is well therefore, to write the State in which you are interested, to learn of these particular requirements.

Diplomates of the National Board of Medical Examiners are also admitted to license without examination.

Information connected with Medical Examinations and licensure may be obtained by addressing the Secretary, 1215 Cathedral Street, Baltimore 1, Maryland.

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

Mr. President and Members of the House of Delegates:

The big event of the year in the library was the installation of open shelves in the Reading Room in April, making accessible to readers the books published in the last ten years. Here they are arranged by subject on labelled shelves, where they may be consulted with ease. This change has been received with enthusiasm by most of the doctors. Certainly more of them have worked in the library recently, instead of taking material home.

In spite of this, 3,709 volumes were taken out, an increase of 86 volumes over the previous year. 2,479 volumes were brought out of the stacks for use in the library, but of course the books used from the open shelves in the Reading Room or the recent journals used in the Periodical Room could not be counted. The attendance for the year was 3,504, an increase of 386 over 1953. This, as well as the increase in number of books circulated, took place in the second half of the year, so we hope this indicates a trend which will continue.

The staff have continued to answer a great variety of reference questions for members, assembling material on such subjects as the cilio-retinal artery, iontophoresis in ophthalmology, lower nephron nephrosis in relation to transfusion reactions, effect of ammonia fumes on the lungs, lymphatic spread of disease to the lung, hepatic artery ligation for cirrhosis, etc. The staff also compiled bibliographies, verified references, located specific articles, tracked down medical historical information, and of course supplied names, addresses, qualifications, etc., of doctors from directories.

The psychiatric books of the late Dr. G. Lane Taneyhill were given to us, and 42 of them had already been accessioned and made part of our collection before it was learned that he had wanted them to go to the Baltimore Psychoanalytic Society, and they had to be withdrawn from our library. The fine historical collection of Dr. Stewart Paton, which has been on loan to this library since 1933, was returned to Dr. R. Townley Paton in December for his son, who is a medical student. It consisted of 128 volumes important in medical history, many of them published in the seventeenth and eighteenth centuries. We were sorry to part with these beautiful books, but are glad to have had them for so long.

Six hundred and eighty-three (683) books and 314 bound volumes of periodicals were added to our collection, and 68 books withdrawn, including 42 of Dr. Taneyhill's collection. The library now contains 78,349 volumes. 12 new periodical subscriptions were entered, so that we now receive 325 journals regularly. 2234 books were recataloged and reclassified by Mrs. Berge, with the help of Miss Miriam E. Carson who joined the staff for a few months. These books are now much more easily found when needed.

Both the librarian and the assistant librarian attended sessions of the annual meeting of the Medical Library Association. The Faculty librarian serves as Archives Curator and resident agent for the Association.

We had an unexpected blessing in December, when Miss Grace E. Hatch of the Library of Congress staff did some volunteer work for us during her vacation. Besides doing some difficult cataloging, she sorted out the large picture and portrait collection which has accumulated through the years without ever being organized, and now we can locate more readily the pictures we have.

Articles, book lists, and library news have been contributed to the MARYLAND STATE MEDICAL JOURNAL each month, and exhibits have been held in the library on the subjects of Dr. Krause's articles in the library section of the Journal. There was also an exhibit at the semiannual meeting in Hagerstown of recent books from the library's collection.

Early in 1955 a special committee appointed by the Council to investigate the library made a report of their findings. It was found that only a small percentage of Faculty members take advantage of the services offered by the library. A small brochure was prepared and mailed to all members of the Faculty to acquaint them with these services. Some results have already been noticed as a result of this publicity measure.

Miss Helen Wheeler, the librarian, is resigning because of ill health and has recommended Mrs. Henry Berge as her successor.

In line with modern library thinking, the staff is trying not only to care for and add to a fine collection, but to make the

contents of the books and periodicals readily available to members.

The statistical report is appended.

Respectfully submitted,

LOUIS KRAUSE, M.D., *Chairman, Library Committee* (1955)
A. AUSTIN PEARRE, M.D. (1956)
J. ROY GUYTHER, M.D. (1957)
E. T. LISANSKY, M.D. (1958)
LESTER A. WALL, JR., M.D. (1959)
MARION W. MCCREA, D.D.S.

Finney Fund Committee

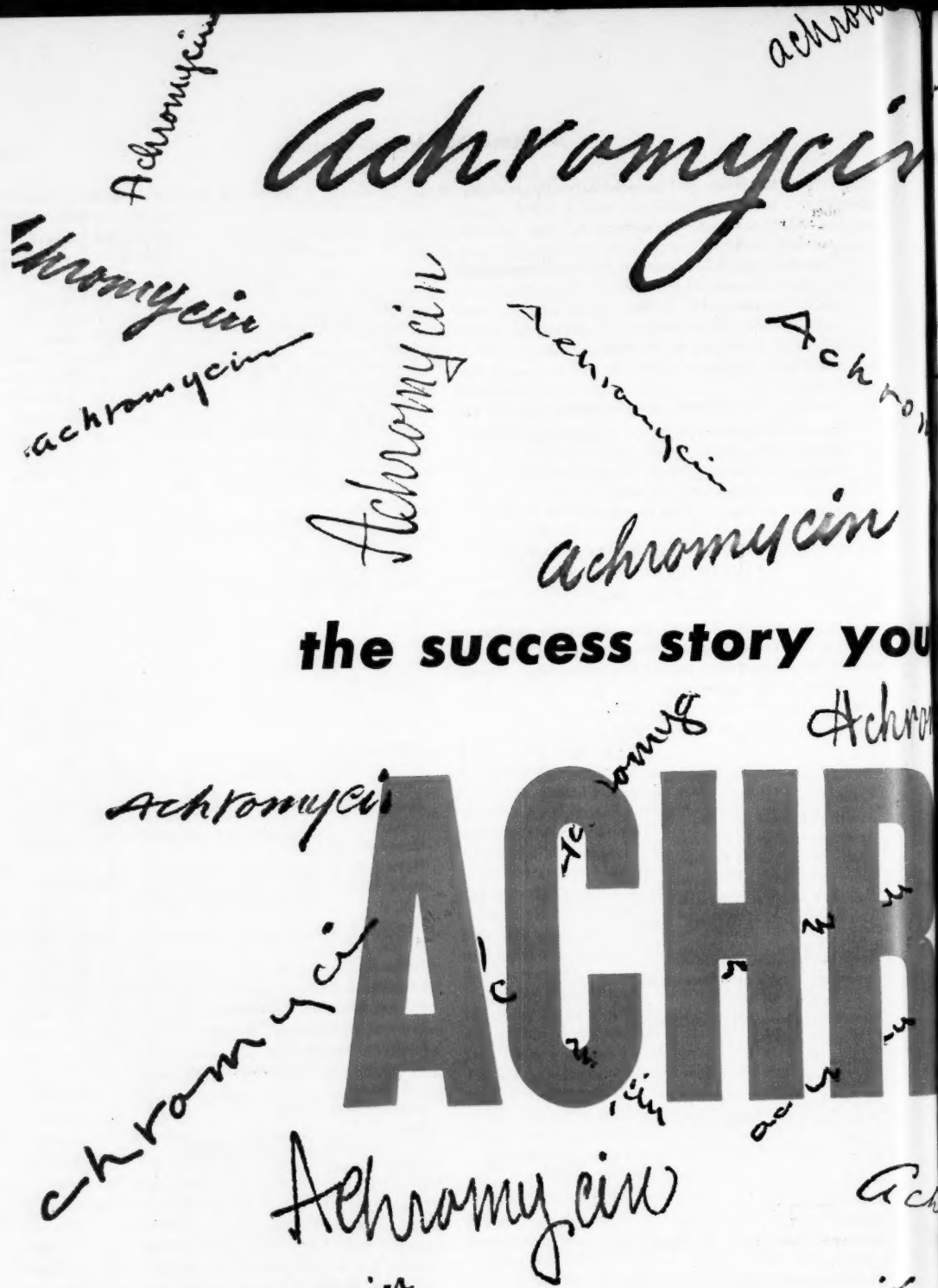
JOHN M. T. FINNEY, JR., M.D., *Senior Member* (1955)
LOUIS P. HAMBURGER, M.D. (1956)
I. RIDGEWAY TRIMBLE, M.D. (1957)
HERBERT E. WILGIS, M.D. (1958)
HENRY J. L. MARRIOTT, M.D. (1959)

LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY

GIFTS FOR 1954

Dr. Benjamin S. Abeshouse deserves special mention here because he very generously paid for subscriptions to Zeitschrift für Urologie and Journal D'Urologie which we could not otherwise have afforded.

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Acton, C.					28
American Cancer Soc. Inc.		4			4
American College of Physicians					1
American College of Radiology	1				1
American College of Surgeons					1
American Medical Association		2			1
American Medical Writers' Association	1				
American Surgical Association		1			
American Urological Association, South East Section		1			
American Urological Association, Western Section		1			
Andrus, E. C.				7	16
Austrian, C. R.			4	633	5
Bagley, C., Jr.				98	
Baltimore City Medical Association		1			1
Beck, H. G.	50	21		30	
Brady, L.	1			49	2
Brantigan, O. C.				132	
Brown, W. H.				32	
Carnegie Institution of Wash., D. C.					1
Child Research Clinic		1			
City Hospital	5			36	195
Clinical Proc. of the Childrens Hosp.				3	
Coggins, J. C.				97	
College of Physicians of Philadelphia		1			
College of Phys. & Surg., N. Y.	22				
Commissioner of Health	6	1			
Cortez F. Enloe, Inc.	1				
Council on Pharmacy and Chemistry, A. M. A.					1
Cullen, T. S., Estate of	4	7		24	
Dept. of Health, Education and Welfare		2			
Dept. of the Air Force, Texas					2
Dunton, W. R., Jr.		6		26	2
Edwards, M.				12	
Enoch Pratt Free Library		1			1
Feldman, M.				120	1
Ford, W. W.	1				
Fort, W.					6
Fremont Foundation					1
Garlick, W. L.				40	
Gay, L. N.				8	1
Geraghty, F. J.			57	35	
Goodman, H.					1
Harvard Sch. Pub. Health		2			
Harvey, A. M.		1			
Heart Association of Maryland, Inc.		1			
Henry Phipps Inst.		1			
Hensen, H. M., Estate of					60
Hersperger, W. G.				135	
Hill, B.				11	
Hinrichs, E. H., Jr.				15	
Hogan, J. F.				16	
Hollander, M. B.	1				
Hundley, J. M.				148	
Hynson, Westcott & Dunning				104	
Institute for Infectious Diseases				2	
Instituto Oswaldo Cruz	1				
Italian Soc. of Orthopaedic Surg. & Traum.			2		
Jefferson Med. College		1			
Jones, G. S.					1
Jr. Obstetrics and Gynecology, Brit. Empire	1				
Jr. of Urology					1
Joyce, J. B.					15
Kerman, E. F.					1
King, J. T.				85	1
Kirby, J.				347	
Kirkman, W. N.		6		63	3
Koontz, A. R.	1	15		369	25
Krause, L. M.				144	
Krumrein, L. F.			36	585	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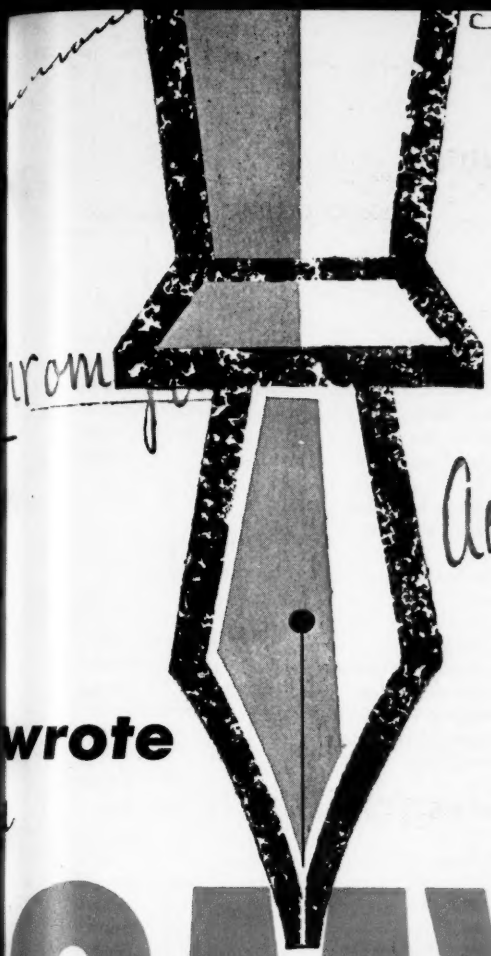
ACHR



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ROMYCIN*

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Tetracycline HCl *Lederle*

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When you have prescribed ACHROMYCIN you have confirmed its advantages—again and again. It is well tolerated by patients of every age. Compared with certain other antibiotics, it has a broader spectrum, diffuses more rapidly, is more soluble, and is more stable in solution. It provides prompt control of many infections including those caused by Gram-positive and Gram-negative bacteria, rickettsia, and certain viruses and protozoa. Furthermore, it is a *quality* product; every gram is made under rigid control in Lederle's *own* laboratory.

ACHROMYCIN, a major therapeutic agent now...growing in stature each day!

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*REG. U. S. PAT. OFF.

Lederle

LIBRARY GIFTS—*Continued*

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Lederle Laboratories					1
Levin, M. B.	4				
Lewison, E. F.				201	
Life Insurance Assoc. of America		1			1
Life Insurance Medical Research Fund		1			
Lifwynn Foundation					1
J. B. Lippincott Co.		1			
Lloyd Bros., Inc.					1
Louisiana St. Dept. Health		1			
M. & R. Laboratories		4			
Maryland Hospital for Women		1			
Josiah Macy, Jr. Foundation		1			
Mansdorfer, G. B.					34
Marriott, H. J. L.					1
Maryland General Hospital				116	
Maryland State Dept. of Health		1			
Maryland Tuberculosis Association, Inc.		1			
Massachusetts General Hospital		2			
Massachusetts Heart Association Inc.		1			
Mayer, E.				6	61
McSherry, R.					1
Mental Hygiene Society				169	
Moore, J. E.	4			715	8
Morrison, T. H.				17	
Myers, J. A.				78	
National Foundation for Infantile Paralysis		1			1
National Nephrosis Foundation, Inc.	1	1			
New York Pathological Society		1			
New York Polyclinic Med. Sch. and Hosp.	1				
Northwest Univ. Sch. Med.					1
Pan American Sanitary Bureau		1			
Peabody Library		26			
Phillips, M. H.	1	1			
Pleasants, J. H.				14	
Polk County Med. Soc.					1
Rhode Island Med. Soc.	1				
Rienhoff, W. F.				76	
Rockefeller Foundation	1				1
Rockefeller Institute for Med. Res.					1
Rosen, H.					1
Rush Med. Coll.					1
Rytina, A. G.			1		114
St. Joseph's Hospital				3	22
Sands, J. P.				89	
Schaefer, O.				41	1
G. D. Searle & Co.				1	

LIBRARY GIFTS—*Continued*

Name	Reprints & Misc.	Reports & Pamph.	Bound Jrs.	Jrs.	Books
Secretary of State	1				
Serra, L.					1
Shamer, M. E.				64	
Shannon, G. E.					21
Shealy, W. H.				177	
Sheppard-Pratt Hosp.				81	1
Siwe, S.	1				
Smithsonian Institution				8	
St. Depart. of Health	4				
Stone, H.		2			3
Strayhorn, D.		1			
Taneyhill, G. L.	3			94	78
Trimble, I. R.				187	
Trott, B. M.				6	
Union Carbide & Carbon Corp.	1				
Union Memorial Hosp.				205	
University of Florida Lib.					3
Vet. Administration Hosp.				11	
Wainwright, C.				62	
Ward, G.				91	
Watson, C. J.					1
Webster, T. C.				1	
Wells, G. J.				341	
Wharton, L. R.				29	
Wilkens, E. R.				1	
Williams, C.				34	
Williams & Wilkins Co.				2,303	112
Winthrop-Stearns, Inc.		2			
Wiscott, W. J.				2,795	
Wise, W. D.				214	
Yale Med. Lib.		1			2
Yeager, G. H.				9	1

LIBRARY REPORT

January to December, 1954

Circulation and Attendance

Circulated books	3,709
Books used in Library (partial count*)	2,479
Total	6,188

Library Holdings

Total volumes in 1953	77,410
Books added, 1954	683
Journals added, 1954	324
Total	78,417

* With open shelves in the Reading Room it is impossible to keep an accurate count of the books used in the Library.

Reference work, one of the most important functions of the Library, likewise cannot be reduced to statistics.

Books withdrawn, 1954	68
Total volumes in Library	78,349

ATTENDANCE

Members	2,280
Visiting doctors	146
Students	72
Hospital libraries	288
Other libraries	54
Others	664
Total	3,504

MEDICAL LIBRARY ASSOCIATION

Issues sent on exchange	1,528

BINDING

Journals bound, volumes	349
Total cost	$1,111.30
Average cost per journal	$3.18

COUNTY MEMBERS

Requests filled	197

GIFTS

Unbound journals	12,902
Bound journals	102
Books	581
Reports, transactions and Pamphlets	96
Reprints	165
Pictures	14
Folders, binders, etc.	6
Total	13,866

RECLASSIFICATION AND CATALOGING

Volumes processed	2,234
Volumes withdrawn	68

INTER-LIBRARY LOANS

Loaned

Central Intell. Agency, Wash., D. C.	1
City Health Department	11
Crownsville State Hosp. Lib.	22
Florida State Univ. Lib.	2
Fort Howard V. A. Hospital Lib.	34
Johns Hopkins Univ. Lib.	2
Lutheran Hospital Library	3
Maryland General Hospital Lib.	4
Mercy Hospital Lib.	2
Rutgers University	1
St. Joseph's Hospital Lib.	101
Seton Institute	1
Sheppard-Pratt Hospital Lib.	25
Sinai Hospital Lib.	75
Social Security Lib.	1
Talbot County Free Lib.	1
U. S. P. H. Hospital	410
University of Maryland Med. Lib.	9
University of Minnesota Agr. Lib.	2
V. A. Hospital Lib., Loch Raven Blvd.	15
Welch Med. Lib.	56
Total	778

Borrowed

American Medical Association	5
College of Physicians, Phila.	1
Enoch Pratt Free Lib.	1
Phipps Clinic Lib.	12
U. S. Armed Forces Med. Lib.	6
University of Maryland Med. Lib.	29
Waverly Press	1
Welch Med. Lib.	38
Wilmer Institute Lib.	1
Total	94

PETTY CASH REPORT

Balance on hand, Dec. 31, 1953	$24.82
Received from office and refunds of express, postage, etc.	198.97
Total	223.79
Expenses	184.81
Balance on hand, Dec. 31, 1954	$38.98

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS (1954)

Mr. President and Members of the House of Delegates:

This Committee arranged the 1954 Annual Meeting and the program was published in the MARYLAND STATE MEDICAL JOURNAL, August 1954.

The total membership in 1954 was approximately 2508, and we had a registration of 783, which includes members, their wives, guests, medical students, residents, nurses, and exhibitors. There were 162 who attended the buffet supper, which was 100 less than in 1953.

We had not had a Round Table Luncheon since 1949, and again returned this feature to the program. The attendance at this luncheon was 238.

The Semiannual Meeting was held in Hagerstown on September 30, 1954. (Program is appended.) I wish to take this opportunity to express to the House of Delegates my appreciation for the tremendous amount of work that the Washington County Medical Society's Committee on Arrangements, under the Chairmanship of Dr. Archie R. Cohen, did in making our meeting a success.

The attendance, by registration of 398, exceeded that of any previous Semiannual Meeting, with the exception of Frederick when the registration was practically the same.

Respectfully submitted,

BEVERLEY C. COMPTON, M.D., *Chairman*
WILLIAM L. GARLICK, M.D.
EDWIN H. STEWART, JR., M.D.

PROGRAM OF THE SEMIANNUAL MEETING

Hagerstown, Washington County, Maryland

Thursday, September 30, 1954

Hotel Alexander—Headquarters

Business Sessions

Washington County Hospital

Delegates are requested to register for House of Delegates meeting at the Hospital, and also at the general registration at the Hotel Alexander.

Council Meeting—9:00 a.m. to 9:30 a.m.
PANGBORN HALL, NURSES HOME, FIRST FLOOR.

House of Delegates Meeting—9:30 a.m. to 12 noon.
DORSEY HALL, SECOND FLOOR.

Headquarters
Hotel Alexander

Registration—9:00 a.m. and throughout the day.
HOTEL LOBBY.

Golf—Arrangements for golf must be made on an individual basis. Personally contact one of the following: Dr. John A. Moran, 215 West Washington Street, Hagerstown; Dr. James J. Dobbie, 115 King Street, Hagerstown; or Dr. Frederick D. Dove, Jr., 214 North Potomac Street, Hagerstown.

Luncheon—12:30 p.m. MAIN BALLROOM AND POTOMAC ROOM.
Cost per cover $3.30 and RESERVATIONS *must* be in the Faculty office by FRIDAY, SEPTEMBER 24, 1954. Please fill in enclosed reservation card immediately and return with your check.

General Meeting—2:00 p.m. MAIN BALLROOM.

1. Address of Welcome. ARCHIE ROBERT COHEN, M.D., President, Washington County Medical Society.
2. Response. BENDER B. KNEISLEY, M.D., President, Medical and Chirurgical Faculty of the State of Maryland.

Scientific Session

3. Diagnostic Problems in the Thorax. (Illustrated). John M. T. Finney Fund Lecture. JULIAN JOHNSON, M.D., Professor of Surgery, University of Pennsylvania Medical School and the University of Pennsylvania Postgraduate School; Associate Surgeon, University of Pennsylvania Hospital, Philadelphia.
4. Difficulties in Geriatric Diagnosis. William Royal Stokes Memorial Lecture. EDWARD J. STIEGLITZ, M.S., M.D., F.A.C.P., Internist, Consultant in Geriatrics to St. Elizabeth's Hospital, Veterans Administration, The Washington Home for Incurables and Chestnut Lodge, Rockville, Maryland; Chairman, Council Professional Education, Commission on Chronic Illness.

Reception—4:30 p.m. to 6:00 p.m. MAIN BALLROOM.
Guests of the Washington County Medical Society.
All the visiting ladies are invited to attend the reception.
Please fill in the enclosed RESERVATION card, so that tickets may be mailed and also so our hosts may know the number of guests to expect. Return card by FRIDAY, SEPTEMBER 24, 1954.

Tours—2:00 p.m. MEET IN THE MARYLAND ROOM OF THE HOTEL ALEXANDER.
Please designate on the enclosed card which of the following tours you desire, or if you prefer bridge. Each tour will take approximately two hours, and transportation will be available for these tours, both to the place selected and return to the Hotel Alexander.

1. WASHINGTON COUNTY MUSEUM OF FINE ARTS. The Leonardo da Vinci Exhibition will be on display, consisting of working models of materials taken from the note book of da Vinci. A gallery tour will be conducted by Mr. Bruce Etchison, Director, of behind the scenes in an Art Museum. A fine record library of all phases of music and a cross section of motion pictures are also available.
2. M. P. MOLLER PIPE ORGAN WORKS. This is the largest pipe organ factory in the United States. They are now in the 79th year of continuous operation, and are now building their 8,700th pipe organ.
3. PANGBORN CORPORATION. This Company is now celebrating their 50th anniversary as one of the largest manufacturers of blast cleaning and dust control equipment in the United States. There is a beautiful park just outside this plant, with many varied flowers, and a lake used for casting by many of the people of Washington County.

4. BRANDT CABINET WORKS. This Company manufactures drop leaf, drop leaf extension, and occasional tables in mahogany, native wild cherry, and knotty pine, the mahogany pieces are designed along traditional lines, while the cherry and knotty pine are designed to blend effortlessly with both modern and traditional settings. Brandt tables are nationally advertised, and are distributed throughout the United States.
5. BRIDGE. Maryland Room, Hotel Alexander.

Committees

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS OF THE MEDICAL AND CHIRURGICAL FACULTY: Dr. Beverley C. Compton, *Chairman*; Dr. William L. Garlick, and Dr. Edwin H. Stewart, Jr.

COMMITTEES OF THE WASHINGTON COUNTY MEDICAL SOCIETY:

General Chairman: Dr. Archie Robert Cohen.

Associate Chairmen: Dr. S. Earl Young and Dr. Ernest F. Poole.

Scientific Program Committee: Dr. William T. Layman, *Chairman*; Dr. Richard V. Hauver, Dr. Lester M. Shaffer, Dr. Frederick D. Dove, Jr., and Dr. Ernest F. Poole.

Arrangements Committee: Dr. Stanley H. Macht, *Chairman*; Dr. Sidney Novenstein and Dr. William T. Layman.

Reception Committee: Dr. Peregrine Wroth, Jr., *Chairman*; Dr. Lynn H. Brumback, Dr. O. H. Binkley, Dr. William D. Campbell, Dr. J. W. Layman, Dr. Victor D. Miller, Dr. Charles L. Mowrer, Dr. W. Hamilton Smith, Dr. Ralph S. Stauffer and Dr. Homer E. Tabler.

Local Publicity Committee: Dr. W. Ross Cameron, *Chairman*; Dr. Frederick D. Dove, Jr., Dr. Robert V. Campbell, Dr. Lloyd A. Hoffman, and Dr. Robert F. Keadle.

Hostesses: Woman's Auxiliary to the Washington County Medical Society. Mrs. John H. Hornbaker, *President.*

The Washington County Medical Society gratefully wishes to express their appreciation in this undertaking for all of the assistance rendered to them by the members of the Medical and Chirurgical Faculty of the State of Maryland, to the Woman's Auxiliary of the Washington County Medical Society, and the Board of Trustees, and the Administrator of the Washington County Hospital, Hagerstown, Maryland.

Hotel Reservations

Individuals desiring to remain overnight at the Hotel Alexander, either before or after the Meeting, should make their own reservations by writing directly to Mr. A. O. Sica, Managing Director of the Hotel Alexander. All reservations should be made prior to September 20, 1954.

(Special lounge rooms will be available for the ladies.)

Semiannual Meeting of the
Woman's Auxiliary to the Medical and Chirurgical Faculty

Hotel Alexander—Chalet Room

Registration—10:00 a.m.

General Meeting—10:30 a.m. to.12:15 p.m.

Speaker: MR. C. JOSEPH STETLER, Secretary, Committee on Legislation, American Medical Association.

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS (1955)

Mr. President and Members of the House of Delegates:

Our Committee recommended to Council that we be permitted to have a meeting with representatives from the Component Medical Societies, Speciality Societies at the State level, Sections of the Baltimore City Medical Society, the Woman's Auxiliaries, Maryland Academy of Medicine and Surgery, the Officers of the Medical and Chirurgical Faculty, and the members of our Committee. There was a total attendance at this luncheon meeting of 41. As far as possible and feasible, the suggestions, which were made at this meeting to improve the Annual Meeting, have been incorporated into the program this year. The program has been mailed to every member and copies will be distributed to the House of Delegates. (Program is appended.)

Last year Dr. Compton, the Chairman of the Committee on Scientific Work and Arrangements, made recommendations, which were to be set up on a trial basis (see page 439, Transactions in August 1954 MARYLAND STATE MEDICAL JOURNAL).

Our Committee suggests that the Committee on Scientific Work and Arrangements consist of four members, and that a new man be appointed each year, and that no one should have the chairmanship more than two years. In enlarging the Committee, thought should be given to one person who would be principally interested in the publicity angle of the Annual and Semiannual meetings. (See page 542.)

This latter recommendation could be on a trial basis, but as the members of this Committee are elected by the House of Delegates and set up under the Constitution and By-Laws, only three members may serve unless the By-Laws are amended.

Our Committee hopes you will enjoy this meeting with the new features, which include a Presidential Dinner at the Sheraton-Belvedere Hotel. The time which is suggested should prove more convenient to the majority of our members (the last three days of the week). At the writing of this report the 1956 Annual Meeting will be held on Wednesday, Thursday, and Friday, May 2, 3, and 4. We will not have a meeting on Saturday in 1956, as we found it was difficult to get the exhibitors to come on the week end, as most of the representatives do not wish to work on Saturday.

The Committee would appreciate any suggestions or recommendations for next year's and future meetings.

Respectfully submitted,

EDMOND J. MCDONNELL, M.D., *Chairman*
BEVERLEY C. COMPTON, M.D.
NORMAN R. FREEMAN, JR., M.D.

ONE HUNDRED FIFTY-SEVENTH ANNUAL MEETING

Medical and Chirurgical Faculty of the State of Maryland

April 21, 22, and 23, 1955

ANNUAL MEETING PROGRAM

Thursday, April 21, 1955

12:30 p.m. Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel.
It is suggested that the members attend this luncheon as the Auxiliary supports the Faculty, American Medical Education Foundation, etc.

SCIENTIFIC MEETINGS

Afternoon Session, Osler Hall
(Entrance and Exit—Maryland Avenue)

GEORGE H. YEAGER, M.D., *President*, Presiding

3:00 p.m. Infection in the Newborn. (Illustrated.) EDMUND ROBERTS MCCLUSKEY, M.B., Professor of Pediatrics and Chairman of the Department, School of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania
3:30 p.m. The Development of the Hearing Handicapped Preschool Child. (Illustrated.) WILLIAM G. HARDY, PH.D., Associate Professor of Laryngology and Otology, The Johns Hopkins University School of Medicine; and Director of the Hearing and Speech Center, The Johns Hopkins University School of Medicine. (Co-author, JOHN E. BORDLEY, M.D., Professor of Laryngology and Otology, The Johns Hopkins University School of Medicine.)
4:00 p.m. The General Practitioner as an Urologist. ELMER HESS, M.D., Chief of Urological Departments, St. Vincent's Hospital and Hamot Hospital, Erie, Pennsylvania; President-Elect of the American Medical Association.
4:30 p.m. Adjournment.

Thursday Evening, April 21, 1955

Main Ballroom
Sheraton Belvedere Hotel, Charles and Chase Streets

6:00 p.m. Cocktails. All those attending the dinner will be the guests of the Baltimore City Medical Society for cocktails.
7:00 p.m. *Presidential Dinner. Members are urged to bring their wives and guests to the dinner, and a cordial invitation is extended to EVERYONE to attend the evening meeting immediately following.

General Meeting, Sheraton Belvedere Hotel

8:15 P.M.

GEORGE H. YEAGER, M.D., *President*, Presiding

1. Introduction of MRS. ALBERT E. GOLDSTEIN, President, Woman's Auxiliary to the Medical and Chirurgical Faculty.
2. *Presidential Address.*
   The Educational Role of the Medical and Chirurgical Faculty. GEORGE H. YEAGER, M.D.
3. *I. Ridgeway Trimble Fund Lecture.*
   Are We Afraid to Face the Facts. ELMER HESS, M.D., President-Elect, American Medical Association.
4. Necrology. A. S. CHALFANT, M.D., Chairman, Memoir Committee. (See page 587.)

(The members are requested to remain standing during the reading of the report.)

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* Dinner, $5.50 per person. Reservations, accompanied by check, must be made prior to Friday, April 15, 1955. Dress optional

Friday, April 22, 1955

Morning Session, Osler Hall
(Entrance and Exit—Maryland Avenue)

CHARLES J. FOLEY, M.D., *Vice-President*, Presiding

10:30 a.m. Changing Ideas in the Diagnosis and Control of Hypertension. (Illustrated.) CAROLINE BEDELL THOMAS, M.D., Associate Professor of Medicine, The Johns Hopkins University School of Medicine.
11:00 a.m. ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (Osler Hall.)
11:30 a.m. New Concepts in the Pathogenesis and Treatment of Coronary Artery Disease. (Illustrated.) SIDNEY SCHERLIS, M.D., Assistant Professor of Medicine, University of Maryland School of Medicine.
12:00 noon Ophthalmoscopic Diagnosis of Vascular Disease. (Illustrated.) ALAN C. WOODS, M.D., Ophthalmologist-in-Chief, The Johns Hopkins Hospital; and Professor of Ophthalmology, The Johns Hopkins University School of Medicine.
12:30 p.m. Adjournment.

Friday, April 22, 1955

ROUND TABLE LUNCHEON

The Charles Room, Sheraton Belvedere Hotel, Charles and Chase Streets

1:00 P.M.

1. Chemotherapy and Antibiotics ..... WARDE B. ALLAN, M.D.
2. Neurosurgery ..... JAMES G. ARNOLD, M.D.
3. Thorazine ..... FRANK J. AYD, JR., M.D.
4. Orthopaedics ..... GEORGE E. BENNETT, M.D.
5. Chest Surgery ..... OTTO C. BRANTIGAN, M.D.
6. Salvaging the Injured Hand ..... RAYMOND M. CURTIS, M.D.
7. Clinical Uses of Radioactive Isotopes ..... JOHN M. DENNIS, M.D.
8. Diabetes ..... J. SHELDON EASTLAND, M.D.
9. Gall Bladder ..... C. REID EDWARDS, M.D.
10. Physical Therapy ..... W. RICHARD FERGUSON, M.D.
11. Abdominal Surgery ..... GEORGE G. FINNEY, M.D.
12. Chest Disease ..... A. MURRAY FISHER, M.D.
13. Urology ..... ALBERT E. GOLDSTEIN, M.D.
14. Obstetrics ..... EDMUND P. H. HARRISON, M.D.
15. Malpractice ..... JOHN V. HOPKINS, M.D.
16. Metabolic Disorders—ACTH and Cortisone ..... JOHN EAGER HOWARD, M.D.
17. Office Gynecology ..... J. MASON HUNDLEY, JR., M.D.
18. Heart ..... JOHN T. KING, M.D.
19. Methods of Handling the Hernia Problem ..... AMOS R. KOONTZ, M.D.
20. Pediatrics ..... MILTON MARKOWITZ, M.D.
21. Eye ..... ARNALL PATZ, M.D.
22. Common Skin Diseases ..... HARRY M. ROBINSON, JR., M.D.
23. Nose and Throat ..... THEODORE A. SCHWARTZ, M.D.
24. Proctology ..... HARVEY B. STONE, M.D.
25. Vascular Diseases of the Extremities ..... I. RIDGEWAY TRIMBLE, M.D.
26. Arthritis ..... CHARLES W. WAINWRIGHT, M.D.
27. Cancer ..... GRANT E. WARD, M.D.
28. The Psychiatric Consultation ..... JOHN C. WHITEHORN, M.D.

Friday, April 22, 1955

Afternoon Session, Osler Hall
(Entrance and Exit—Maryland Avenue)

WALDO B. MOYERS, M.D., *Vice-President*, Presiding

2:30 p.m. *John M. T. Finney Fund Lecture.* The Surgical Treatment of Peptic Ulcer. (Illustrated.) DERYL HART, M.D., Professor of Surgery and Chairman, Department of Surgery, Duke University Hospital, Durham, North Carolina.
3:10 p.m. Types, Frequency and Seriousness of Injury Associated with Accidents in Passenger Automobiles. (Illustrated.) JOHN O. MOORE, B.S., Director of Automotive Crash Injury Research, Cornell University Medical College, New York, New York.
3:50 p.m. Soft Tissue Disorders about the Shoulder Joint. (Illustrated.) ANTHONY F. DEPALMA, M.D., Professor of Orthopaedic Surgery, Jefferson Medical College, Philadelphia, Pennsylvania.
4:30 p.m. Adjournment.

MEDICAL AND CHIRURGICAL FACULTY BALL

Friday Evening, April 22, 1955

9:30 p.m. to 1:30 a.m.

Ballroom, Emerson Hotel, Baltimore and Calvert Streets

All the members, their wives, and guests are urged to attend THE BALL (dress optional), which is under the sponsorship of the Woman's Auxiliary to the Baltimore City Medical Society. Tickets $3.00 per person and checks may be sent to Mrs. Edward F. Cotter, 326 Overbrook Road, Baltimore 12. Tickets may also be purchased at the door. The entertainment, "Private Lives of Doctors' Wives," will begin at 10:00 p.m. promptly. There will be a raffle of a Silver Service from Stieff Company.

CLINICAL PATHOLOGICAL CONFERENCES

Saturday, April 23, 1955

Morning Session, Osler Hall

(Entrance and Exit—Maryland Avenue)

SAMUEL WHITEHOUSE, M.D., *Vice-President*, Presiding

10:00 a.m. Clinical Pathological Conference by The Staff of the University of Maryland School of Medicine. (Illustrated.)
HENRY J. L. MARRIOTT, M.D., Associate Professor of Medicine, University of Maryland School of Medicine.
DEXTER L. REIMANN, M.D., Associate Professor of Pathology, University of Maryland School of Medicine.

11:00 a.m. Clinical Pathological Conference by The Staff of The Johns Hopkins University School of Medicine. (Illustrated.)
BENJAMIN M. BAKER, M.D., Associate Professor of Medicine, The Johns Hopkins University School of Medicine.
FREDERICK G. GERMUTH, JR., M.D., Assistant Professor of Pathology, The Johns Hopkins University School of Medicine.

12:00 noon Adjournment.

Exhibits will be open during Scientific Sessions

EXHIBITORS

Prominent firms, dealing in books and supplies required by physicians, as listed below, will exhibit during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although it was not convenient for them to exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore and The Seven-Up Bottling Company of Baltimore for the serving of free Coca-Cola and Seven-Up to those attending the Meeting.

Booth Number

24—A. S. Aloe Company
10—Ayerst Laboratories
18—Baby Development Clinic
23—Brayten Pharmaceutical Company
13—A. J. Buck & Son
34—Ciba Pharmaceutical Products, Inc.
26—Herbert Cox, Correct Shoes
16—Desitin Chemical Company
25—Doho Chemical Corporation
28—C. B. Fleet Company, Inc.
27—Graymar Company
21—Kloman Instrument Company, Inc.
1—The Liebel-Flarsheim Company
30—Eli Lilly and Company
6—Mead Johnson & Company
19—Murray-Baumgartner Surgical Instrument Company, Inc.
9—Ortho Pharmaceutical Corporation
4—Pfizer Laboratories
5—William P. Poythress & Company, Inc.
15—Riker Laboratories, Inc.
7—A. H. Robins Company, Inc.
11—J. B. Roerig and Company
12—W. B. Saunders Company
29—G. D. Searle & Company
22—Similac, M & R Laboratories
17—Raymond K. Tongue Company, Inc.

Booth Number

2—The Upjohn Company
8—U. S. Vitamin Corporation
31—Walker Laboratories, Inc.
3—The Williams & Wilkins Company
33—Abbott Laboratories

SUBCOMMITTEE ON EXHIBITS

NORMAN R. FREEMAN, JR., M.D., *Chairman*, Baltimore
JOHN N. CLASSEN, M.D., Baltimore
MICHAEL I. O'CONNOR, Baltimore
JOHN A. STREVIG, PHAR.D., Baltimore

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Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the meeting.

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND*

SIXTH ANNUAL MEETING PROGRAM

April 20, 21, and 22, 1955

Headquarters

Sheraton Belvedere Hotel, Charles and Chase Streets, Baltimore

Wednesday, April 20, 1955

(Room to be announced)

8:00 p.m. Pre-Convention State Executive Board Meeting.
State Officers, Chairmen, and County Presidents.

Thursday, April 21, 1955

Assembly Room, Twelfth Floor

10:00 a.m. Registration.
10:30 a.m. General Annual Meeting.
MRS. ALBERT E. GOLDSTEIN, *President*, Presiding
Nurse Recruitment Committee
Report of MRS. JAMES P. KERR, *Chairman*, MRS. D. DELMAS CAPLES, *Co-Chairman*.
Medical Technology. Report on Film. MRS. GEORGE H. YEAGER, *Chairman* of Public Relations.
Brief Summary Relating to American Medical Education Foundation. NEWLAND E. DAY, M.D.
A Message from the National Auxiliary.
MRS. C. R. PEARSON, *National Chairman* of Nurse Recruitment, Woman's Auxiliary to the American Medical Association.
Election of Officers
Installation of Officers. MRS. C. R. PEARSON.
A Message from Newly Elected President. MRS. GERALD W. LEVAN.
Necrology. MRS. CONRAD ACTON.
Adjournment.

LUNCHEON WITH THE DOCTORS

Ballroom, Twelfth Floor

Tickets may be obtained from Mrs. Elliott C. Flick, 108 Edgewood Road, Towson, Baltimore 4, Maryland. Cover Charge, $3.25.

MRS. ALBERT E. GOLDSTEIN, *President*, Presiding

12:30 p.m. Invocation. RABBI ABRAHAM SHUSTERMAN, Har Sinai Congregation, Baltimore.
Coronation of Student Nurse of Maryland.
Music rendered by DR. AND MRS. JOSEPH S. BLUM.
Health Insurance—The President's Proposal. WILLIAM DEV. WASHBURN, President, American Health Insurance Corporation of Baltimore.
Presentation of President's Pin to Newly Elected President, MRS. GERALD W. LEVAN. MRS. ALBERT E. GOLDSTEIN.
Presentation of Past President's Pin to MRS. ALBERT E. GOLDSTEIN. MRS. THOMAS A. CHRISTENSEN.
Announcement of Winners of Symbols Contest. GEORGE H. YEAGER, M.D., Editor, MARYLAND STATE MEDICAL JOURNAL, and President, Medical and Chirurgical Faculty.
Inaugural Message. MRS. GERALD W. LEVAN, Adjournment.

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* The Auxiliary program was published in the Annual Meeting Program of the Medical and Chirurgical Faculty.

MEDICAL AND CHIRURGICAL FACULTY DINNER

Wives and Guests Invited

Ballroom, Twelfth Floor

6:00 p.m. Cocktails. All those attending the dinner will be the guests of the Baltimore City Medical Society for cocktails.

7:00 p.m. Dinner. The wives are cordially invited to the dinner and are urged to join their husbands on this occasion. Following the dinner, there will be the Presidential Address by DR. GEORGE H. YEAGER, and the *I. Ridgeway Trimble Lecture* by DR. ELMER HESS, President-Elect of the American Medical Association.

Friday, April 22, 1955

(Room to be announced)

9:00 a.m. Past President's Breakfast

10:00 a.m. Post Convention Board Meeting. MRS. GERALD W. LEVAN, Presiding.

COMMITTEE: *Convention Arrangements*, MRS. CHARLES H. WILLIAMS; *Reservations*, MRS. ELLIOTT C. FLICK; *Registration*, MRS. GIBSON J. WELLS; *Hospitality*, MRS. MARTIN E. STROBEL; *Publicity*, MRS. THOMAS E. WHEELER; *Nurse Coronation*, MRS. E. ELLSWORTH COOK and MRS. ROSS Z. PIERPONT; *Table Decorations*, MRS. THOMAS C. WEBSTER.

CREATIVE ARTS SHOW

Osler Hall and Library Floor, 1211 Cathedral Street, Baltimore

Entries*

MRS. WILLIAM R. AMBERSON, Cockeysville	Casein Paintings
MRS. WALTER A. ANDERSON, Baltimore	Needlework
MRS. JOHN A. ASKIN, Baltimore	Oil Paintings
DR. MARGARET BALLARD, Baltimore	Ceramics
DR. JEROME BELLET, Baltimore	Oil Painting
MRS. A. TALBOT BRICE, Jefferson	Ceramics
DR. HOWARD M. BUBERT, Baltimore	Photography
MRS. NATHAN DEBUSKY, Baltimore	Oil Paintings
MRS. J. WESLEY EDEL, Baltimore	Oil Painting
MRS. JEROME FINEMAN, Baltimore	Oil Paintings
MRS. JAMES FRENKIL, Baltimore	Oil Painting
MRS. ALBERT E. GOLDSTEIN, Baltimore	Oil Paintings
MRS. JOSEPH B. GROSS, Baltimore	Oil Painting—One Pen and Ink Painting—Jewlery
DR. WILSON GRUBB, Baltimore	Color Transparencies
DR. JOHN COLLINS HARVEY, Baltimore	Furniture—1 pc.
DR. GUS HIGHSTEIN, Baltimore	Oil Painting
DR. CALVIN HYMAN, Baltimore	Oil Paintings
DR. BERNARD S. KLEIMAN, Baltimore	Oil Painting
MRS. ABRAHAM KREMEN, Baltimore	Oil Paintings
MRS. CHARLES S. LEVY, Baltimore	Oil Paintings
DR. LUCILLE LIBERLES, Baltimore	Oil Paintings
DR. SAMUEL MCLANAHAN, Baltimore	Photographs
MRS. DONALD D. MARK, Baltimore	Oil Paintings
DR. DONALD D. MARK, Baltimore	Photographs
DR. BESSIE L. MOSES, Baltimore	Oil Paintings
MRS. IRA W. PEARLMAN, Chevy Chase	Oil Paintings
MRS. FRED PHILLIPS, Baltimore	Oil Paintings
MRS. H. MELVIN RADMAN, Baltimore	Oil Paintings
DR. EDWARD H. RICHARDSON, JR., Baltimore	Photographs
MRS. JOHN P. RISLEY, Catonsville	Oil Paintings
DR. NATHAN SCHNAPER, Baltimore	Clay Sculpture
DR. AND MRS. E. R. SHIPLEY, Baltimore	Color Transparencies
DR. B. W. SOLLOD, Dundalk	Oil Paintings
DR. CHARLES L. WARNER, Baltimore	Pastels
MRS. WILLIAM H. F. WARTHEN, Towson	Oil Paintings
MRS. SAMUEL WHITEHOUSE, Baltimore	Oil Paintings
Members of the Medical and Chirurgical Faculty	"Doodles"

* Entries received at time program went to press.

This show has been arranged and planned under the auspices of a Committee of the Woman's Auxiliary to the Medical and Chirurgical Faculty, consisting of MRS. ABRAHAM KREMEN, Chairman, MRS. SAMUEL WHITEHOUSE, Co-Chairman, MRS. H. MELVIN RADMAN, MRS. JOHN A. ASKIN, MRS. GEORGE E. WELLS, JR., and MRS. CHARLES S. LEVY.

All exhibits must be in the Faculty Building by Monday, April 19, 1955.

COMMITTEE TO COOPERATE WITH THE AMERICAN MEDICAL EDUCATION FOUNDATION

Mr. President and Members of the House of Delegates:

The Committee to Cooperate with the American Medical Education Foundation had a somewhat less active year than in 1953, with the total number of contributors from Maryland to the American Medical Education Foundation totaling 80, in total contributions of $3,772.00. It is felt by the Chairman that the potential for Maryland is much greater, and that unless the need of the medical schools is met voluntarily and proportions equalled by all states that a serious threat to the continuation of politically unhampered support to our schools exists. Every physician has a debt, of which he should be aware, to his medical school over and above the tuition that he paid, for that represents today less than one-fifth the cost of producing a physician. By contributions to the American Medical Education Foundation, a solid united professional rank is presented to the Nation as evidence of our belief in this way of life. Many of industry's contributions to medical education are geared in direct proportion to the contributions of the doctors.

It is suggested by the Committee that we consider placing in the dues envelope a slip requesting a voluntary fee of at least $5.00 from each member of the Society. This could result in tripling the contributions without a heavy burden on any one individual. If this is not approved, would the Faculty indicate the latitude of the Committee in funds for carrying on a mail campaign under the sponsorship of the Faculty. (See page 544.)

It is also with deep regret that we heard of the loss of Dr. J. Stanley Grabill, of Mount Airy, who died suddenly January 30, 1955. He served faithfully on this Committee as well as in all the posts he held in the Faculty.

Respectfully submitted,

NEWLAND E. DAY, M.D., *Chairman*
THURSTON R. ADAMS, M.D.
WALTER A. BAETJER, M.D.
JOHN G. BALL, M.D.
J. HERBERT BATES, M.D.
KATHERINE A. CHAPMAN, M.D.
STUART CHRISTHILF, JR., M.D.
H. VINCENT DAVIS, M.D.
L. E. DAUGHERTY, M.D.
WILFRED W. EASTMAN, M.D.
CHARLES R. FOUTZ, M.D.
WYLIE M. FAW, JR., M.D.
WILLIAM B. HAGAN, M.D.
L. A. HOFFMAN, M.D.
PHILIP A. INSLEY, M.D.
ERNEST F. POOLE, M.D.
PAUL H. ROYSE, M.D.
THEODORE R. SHROP, M.D.
MILFORD H. SPRECHER, M.D.

ARMY MEDICAL LIBRARY COMMITTEE

Mr. President and Members of the House of Delegates:

No meeting has been held during the year, and there has been no new development, so far as we can learn, in regard to a new Army Medical Library.

Respectfully submitted,

ANDREW C. GILLIS, M.D., *Chairman*
LOUIS KRAUSE, M.D.
JOHN E. SAVAGE, M.D.
LAWRENCE R. WHARTON, M.D.

BLOOD BANK ADVISORY COMMITTEE

Mr. President and Members of the House of Delegates:

Activities of the Blood Bank Advisory Committee of the Medical and Chirurgical Faculty were limited during the year to a consideration of a request received from the American Red Cross to establish a Regional Blood Center in Baltimore for the use of "veterans and civilians in limited quantity." The basis for the request lay in the fact that the veterans hospitals in this area were experiencing difficulty in obtaining adequate blood from volunteer donors.

The Committee reviewed in detail the background pertaining to this situation and came to the conclusion that there was no need at the present time for the establishment of an American Red Cross Regional Blood Center in this area. Instead, the Committee favored a cooperative project backed by the American Legion and Veterans of Foreign Wars to assist in supplying volunteer donors directly to the veterans hospitals concerned. The Committee stated its firm intent to be of any assistance possible in putting such a plan into action. This report was forwarded to the Council of the Medical and Chirurgical Faculty.

Respectfully submitted,

JOHN WHITRIDGE, JR., M.D., *Chairman*
C. LOCKARD CONLEY, M.D.
JULIUS R. KREVANS, M.D.
KENDRICK MCCULLOUGH, M.D.
WALTER C. MERKEL, M.D.
VERNON H. NORWOOD, M.D.
MILTON S. SACKS, M.D.
BENEDICT SKITARELIC, M.D.
MERRELL L. STOUT, M.D.

BUDGET COMMITTEE

Mr. President and Members of the House of Delegates:

Memorandum on the 1955 Budget of the Medical and Chirurgical Faculty:

At the February meeting of the Council, consideration was given to the report of the Special Committee of the Council to investigate, among other things, the Library. The report recommended certain salary adjustments for the Library employees.

It was decided to defer action until the incoming Director of the Faculty could take office and make a study of all positions in the Faculty with the view of establishing a standard salary schedule.

For this reason a final Budget for 1955 was not prepared and with the approval of the former chairman of the Budget Committee and the Treasurer of the Faculty, the 1954 Budget has been projected in 1955 with such adjustments as have been indicated in the 1954 experience.

A final Budget for 1955 will be compiled and submitted at a later date.

Respectfully submitted,
E. Cowles Andrus, M.D., *Chairman*
Bender B. Kneisley, M.D.
Richard C. Dodson, M.D.
Wetherbee Fort, M.D.
Norman E. Sartorius, Jr., M.D.

COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:

On February 23, 1955, amendments to Article VIII, Sections 1 and 2, Article XII, Section 2, and Article XIV, of the Constitution were mailed to you. These amendments were approved by the House of Delegates on September 30, 1954, and final action will be taken on them at the coming Annual Meeting. (See pages 527, 543.)

The following amendments to the By-Laws will be presented for the first time at the coming House of Delegates meeting. If these amendments are approved on one day of the meeting, in conformity with the By-Laws, the amendments may lay on the table for one day and then be adopted.

BY-LAWS

(Amendments appear in CAPITAL LETTERS)

Explanation: The proposed amendments to Section 7, Chapter VIII, and the new Section 11, are intended to establish in the By-Laws the procedure relating to the administration of the finances of the Faculty, which procedure has been followed for several years. It provides an orderly way of administering the finances and since the procedure has been found to be satisfactory, it is desired to establish it in the By-Laws.

CHAPTER VIII—Standing Committees.

Section 1. (Third paragraph.)

The standing committees, organized as hereinafter provided are: House Committee, Finance Committee, Professional Conduct Committee, AND BUDGET COMMITTEE. (See pages 546–549.)

Section 7. *Finance Committee.*

It shall be the duty of the Finance Committee to act as such for the House of Delegates and the Council. It shall consist of five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council. THE FINANCE COMMITTEE SHALL COOPERATE WITH THE BUDGET COMMITTEE IN THE PREPARATION OF THE ANNUAL BUDGET FOR THE FACULTY. (See pages 546–549.)

SECTION 11. *BUDGET COMMITTEE.*

THE BUDGET COMMITTEE SHALL CONSIST OF FIVE (5) MEMBERS TO BE APPOINTED ANNUALLY BY THE CHAIRMAN OF THE COUNCIL. IT SHALL BE THE DUTY OF THE BUDGET COMMITTEE IN COOPERATION WITH THE FINANCE COMMITTEE TO PREPARE THE ANNUAL BUDGET OF THE FACULTY. THE BUDGET COMMITTEE SHALL SUBMIT THE BUDGET TO THE COUNCIL FOR ITS ACTION AT THE FIRST REGULAR MEETING AFTER THE BEGINNING OF THE FISCAL YEAR.

THE BUDGET SHALL COMPRISE A FINANCIAL PLAN FOR THE WORK OF THE FACULTY, AND NO EXPENDITURES OTHER THAN THOSE PROVIDED FOR IN THE BUDGET SHALL BE MADE UNLESS APPROVED BY THE COUNCIL OR THE EXECUTIVE COMMITTEE. (See pages 546–549.)

Respectfully submitted,
W. Houston Toulson, M.D., *Chairman*
E. Cowles Andrus, M.D.
Charles R. Austrian, M.D.
Donald Hooker, M.D.
W. Oliver McLane, Jr., M.D.

EUGENE FAUNTLEROY CORDELL FUND COMMITTEE

Mr. President and Members of the House of Delegates:

There were no beneficiaries during 1954. There was a balance on January 1, 1954 of $1,070.12. Income from the investments and interest increased this by $394.55. The money invested from the accumulated income brought in an additional $79.24, making a total on hand on December 31, 1954 of $1,543.91.

Respectfully submitted,
T. Nelson Carey, M.D., *Chairman*
James K. Gray, M.D.
William L. Howard, M.D.
James P. Miller, M.D.
Frank F. Lusby, M.D.
George Allen Moulton, Jr., M.D.

CURATOR

Mr. President and Members of the House of Delegates:

Since my report (1954) there has been only the routine supervision of our valuable collection of books, portraits and other museum pieces inherited from the past.

The routine care of the portraits has been continued and all else, as far as I know is in good condition.

Do come up sometime and look around—this is your "medical home" which always welcomes a visit from the owners.

Respectfully submitted,
J. Albert Chatard, M.D.

COMMITTEE ON DIABETES

Mr. President and Members of the House of Delegates:

At a recent meeting of the Council the name of Diabetes Detection Committee was changed to the Committee on Diabetes, feeling that this name was more descriptive of the Committee's activity. The chief activity of the Committee has been the detection of the unknown diabetic. However, efforts have been made on diabetes education. Speakers and films have been made available for both the lay and professional groups.

During the past year a detection center was not maintained in Baltimore during Diabetes Week as in some of the past years. By means of posters, newspapers, radio, and television, efforts were made to have the individual consult his physician of choice for diabetes screening. The success of a drive of this type, of course, is most difficult to evaluate. It is hoped that detection centers can be established throughout the State during Diabetes Week .November 14–20, 1955.

Respectively submitted,

J. Sheldon Eastland, M.D., *Chairman*
Edmund G. Beacham, M.D.
Charles J. Blazek, M.D.
Ernest C. Brown, Jr., M.D.
James D. Carr, M.D.
Henry V. Chase, M.D.
Edward F. Cotter, M.D.
Merrill M. Cross, M.D.
J. Wilfrid Davis, M.D.
J. Roy Guyther, M.D.
W. Grafton Hersperger, M.D.
Philip W. Heuman, M.D.
John H. Hornbaker, M.D.
Samuel M. Jacobson, M.D.
Benjamin F. Jones, M.D.
George J. Kreis, Jr., M.D.
J. Elliott Levi, M.D.
Louis G. Llewelyn, M.D.
George Allen Moulton, Jr., M.D.
Charles F. O'Donnell, M.D.
Harold B. Plummer, M.D.
Perry F. Prather, M.D.
J. Emmett Queen, M.D.
Charles E. Shaw, M.D.
Frank M. Shipley, M.D.
Abraham A. Silver, M.D.
Stanley R. Steinbach, M.D.
W. Alfred VanOrmer, M.D.
Lester A. Wall, Jr., M.D.
Hugh W. Ward, M.D.

MARYLAND STATE MEDICAL JOURNAL, Editor

Mr. President and Members of the House of Delegates:

The employment of a full-time secretary for the work of the Maryland State Medical Journal has proved to be invaluable and has simplified the problem of having each issue in accordance with publication deadlines.

During the past year, all of the county societies were contacted with reference to the desirability of their submitting sufficient material for individual county-dedicated issues. I believe that this invitation to the county societies to participate more actively in the Medical and Chirurgical Faculty's affairs will help to cement relationships.

In addition, all of the hospitals within the corporate limits of Baltimore, with the exception of Johns Hopkins and the University Hospitals, have been invited to sponsor an issue. All of the hospitals have indicated their interest in this project and the first hospital issue will be published in April by the Fort Howard Hospital.

It gives me great pleasure to inform you that thus far there has been no shortage of excellent material for publication in the Journal.

Respectfully submitted,
George H. Yeager, M.D., *Editor*

GERIATRICS COMMITTEE*

Mr. President and Members of the House of Delegates:

I am pleased to submit my report on the activities of the Committee on Geriatrics. This past year, the Committee on Geriatrics of the Medical and Chirurgical Faculty carried on its activities conjointly with the Committee on Geriatrics of the B.C.M.S.

We have two projects on which to report. One is in the making and we shall report on that one first. Your Chairman went to the Conference of the American Gerontologic Society held during the week of the Christmas and New Years holidays in Gainsville, Florida and carried to the Conference invitations for the 1955 Conference from the Committee on Geriatrics and Dr. Everett S. Diggs on behalf of the Faculty.

We are glad to report that the American Gerontologic Society has accepted the invitation and will hold its 1955 Annual Conference in Baltimore during the weekend of October 27, 28, 29, at the Sheraton Belevdere Hotel.

A city wide committee spearheaded by the joint Geriatrics Committees of the Baltimore City Medical Faculty and the Faculty is now being formed. To date, the responses are very enthusiastic and there is all promise that the medical and social agencies and institutions will join to extend to the Conference warm, cordial and a hospitable reception.

We consider this achievement of great importance as it will give an opportunity to the medical profession and all other interested groups to acquaint themselves with the activities and accomplishments of the American Gerontologic Society in the field of Geriatrics and Gerontologic research. A number of clinics and conferences and receptions will be organized.

* * * * *

The following is a report on a project that was initiated in 1953 and executed in 1954.

The Committee on Geriatrics is proud to report the execution of an impressive project, jointly with the Baltimore Museum of Art, which has had wide repercussion from all over the United States and has given the Medical Chirurgical

* See also page 547 of the Minutes of the House of Delegates.

Faculty of the State of Maryland as well as the Baltimore City Medical Society considerable notice in the local as well as national press.

Mention was made of the project in last years report as being under consideration. This project consisted of an exhibit concerning "Aging" as depicted by the artists brush on the canvas. The Baltimore Museum of Art gathered a huge collection of paintings by the masters, which described the various forms of "Age and Aging" of the human person. This exhibition lasted five weeks beginning October 19th and ending November 21st.

During the five week period a series of meetings and panels were held at the Museum under the auspices of important sectors of the community.

The first week was turned over to the Medical profession under the chairmanship of Dr. Louis Krause.

The week following was programed by the Social Agencies of Baltimore under the Chairmanship of Dr. Anna D. Ward.

The third week of the exhibition was turned over to Industry and Labor under the chairmanship of David Fringer to present their stake in the problems of the "Aged" person.

The fourth week's program was in charge of the Religious groups of the community when the Catholic, Protestant and Jewish representatives took over to state the responsibilities of the Church and Synagogue in relation to the needs of "Aging and Aged." The activities for the Religious week were under the guidance of Father David I. Dorsch, who was the Chairman.

The fifth and final week was headed by Thomas A. Van Sant, head of Adult Education of the Public School System of Baltimore. Mr. Van Sant presented an elaborate program highlighting the part Adult Education can play in the life and activities of the Aged person by providing new skills, replacing old ones, teaching hobbies and the richer enjoyments of life.

In addition to the above there were numerous conducted visits to the exhibit by many organizations connected with the Church and Synagogue and schools in the community as well as a number of large civic organizations.

The exhibit and the programs that ran parallel with it have attracted large numbers to the Baltimore Museum of Art, running into many thousands who have learned to better understand the process of Aging, the combinations that come with Aging and the brighter side of advanced maturity.

The combining of the seminars and panels with the art exhibit and conducting these programs in the atmosphere of art and beauty have served to present to the public the best and the richest that the keen artistic eye can discern and the artists brush can express. The Committee on Geriatrics is happy to have been able to carry out this project.

Respectfully submitted,

HERMAN SEIDEL, M.D., *Chairman*
WALTER A. ANDERSON, M.D.
D. DELMAS CAPLES, M.D.
THURSTON HARRISON, M.D.
LAURISTON L. KEOWN, M.D.
LOUIS KRAUSE, M.D.
NATHAN E. NEEDLE, M.D.
A. AUSTIN PEARRE, M.D.

COMMITTEE ON INDUSTRIAL HEALTH

Mr. President and Members of the House of Delegates:

The Committee on Industrial Health has held 3 meetings during the year to discuss the matters pertinent to its field. The President of the Faculty asked the Committee to nominate a physician from Maryland as a candidate for the award of the President's Committee on Employment of the Physically Handicapped. This was done but since Maryland is not a heavily industrialized state, it was not surprising that our selection did not receive the award. As in the past, we have continued to answer requests for information on industrial health and to make available to interested physicians knowledge concerning positions involving industrial work. Several members of the Committee have talked before groups of physicians or industrial nurses on occupational disease. The Chairman attended the 15th annual congress on Industrial Health as the representative of the Faculty.

Respectfully submitted,

NATHAN B. HERMAN, M.D., *Chairman*
THURSTON R. ADAMS, M.D.
ROBERT V. CAMPBELL, M.D.
ROBERT F. CHENOWITH, M.D.
WALTER E. FLEISCHER, M.D.
WILLIAM L. GARLICK, M.D.
DONALD B. GROVE, M.D.
A. MCGEHEE HARVEY, M.D.
JOHN V. HOPKINS, M.D.
OLIVER S. LLOYD, M.D.
ROBERT H. RILEY, M.D.
BENJAMIN H. RUTLEDGE, M.D.
LEROY W. SAUNDERS, M.D.
W. KENNEDY WALLER, M.D.
HUNTINGTON WILLIAMS, M.D.

LEGISLATIVE COMMITTEE

Mr. President and Members of the House of Delegates:

In the 1955 General Assembly the Faculty had a rather active season. Mr. Walter Kirkman, in his capacity as our Legislative Agent, personally reviewed a total of 1,492 Bills and 244 Resolutions for a grand total of 1,736 items, and those having medical implications were reported to the Council or the Executive Committees of the Faculty for direction on action.

The following Bills were of interest to the Faculty and the results are noted in each case:

(1) Senate Bill No. 9

Allowing review of decision by Medical Board of the Industrial Accident Commission by the Commission.

Opposed by Medical and Chirurgical Faculty but passed and signed by Governor.

(2) Senate Bill No. 19

Allows State Health Department to commit to Sanitarium tuberculosis cases considered public health menace.

Advised by Tuberculosis Committee, approved by Medical and Chirurgical Faculty. Passed.

(3) Senate Bill No. 272

Allowing the oral prescription of certain non-habit forming narcotics under regulation by Federal Narcotic Bureau and State Health Department.

Approved by Medical and Chirurgical Faculty. Passed.

(4) Senate Bill No. 305

Exempts from examination in physiotherapy all chiropractors who were finished education before 1949.

No stand by Medical and Chirurgical Faculty. Passed.

(5) Senate Bill No. 358

Provided suspended sentences for drug addicts if they submit to treatment.

Died in Committee.

(6) Senate Bill No. 394

Increases from 4 to 6 the number of physicians used to examine cases in the police station houses. Clarifies previous law and eliminates compulsory appointment of 2 women doctors.

Passed.

(7) Senate Bill No. 396

Would allow the State Health Department to charge for laboratory services except for those involving communicable diseases.

Died in Committee.

(8) Senate Bill No. 423

Exempting county homes and alms houses from Health Department license requirements.

Passed.

(9) House Bill No. 5

To abolish the Homeopathic Board of Medical Examiners.

Favored by Medical and Chirurgical Faculty but received unfavorable report in Committee and died in Committee.

(10) House Bill No. 16

Provides for withholding State Income Tax.

(This makes more bookkeeping and office work for Faculty office.) Passed.

(11) House Bill No. 17

Increases fees for Deputy State Medical Examiners.

Passed.

(12) House Bills Nos. 23 and 24

Revising procedure for Child Adoption and Care.

Passed.

(13) House Bill No. 122

Would prohibit sale of glasses wherever a physician or optometrist is not present.

Died in Committee.

(14) House Bill No. 128

Provides for a compulsory 2-day post-graduate study per year for chiropractors.

Received unfavorable report and died in Committee.

(15) House Bill No. 129

To license Naturopaths.

Vigorously opposed by Medical and Chirurgical Faculty. Unfavorable report. Died in Committee. (Board of Medical Examiners are to have Police Department prosecute Naturopaths now practicing.)

(16) House Bill No. 221

Would allow Chiropractors to use the term "Chiropractic Physician."

Unfavorable report in Committee. Died in Committee.

(17) House Bill No. 222

Would permit Chiropractors to use State Public Health Laboratories.

Vigorously opposed by Medical and Chirurgical Faculty but received favorable report in Committee. Failed to get constitutional majority in House. Reconsidered and failed second time on floor.

(18) House Bill No. 445

To regulate requirement of Optometrists and removed the law against prescription of glasses for myoptic children.

Passed House but failed in Senate.

(19) House Bill No. 521

To amend the Medical Practice Act: To abolish Board of Homeopathic Medical Examiners; to increase fee for examination; to allow appeals from Circuit Court decisions for revocation of license and to add insanity and narcotic addiction to causes for which license may be revoked.

This was proposed by the Board of Medical Examiners and approved by the Medical and Chirurgical Faculty, written by the Attorney General of Maryland.

The Bill passed the House with an amendment that would add a ninth member to our Board, to be selected by the State Homeopathic Society.

In the Senate, the Bill received an unfavorable report in spite of our efforts in favor of passage. The Bill was brought out on the floor, however, and passed the Senate with several minor amendments. However, it was returned to the House for concurrence in the Senate amendments, when they were battling out the Budget and Tax Program on the last night, and without the chance for clear consideration it failed to get a majority vote.

The Committee and our advisors feel this same Bill can be passed at the next Legislation.

The Legislative Committee has the highest praise for the work done by Mr. Walter N. Kirkman. His efforts were very effectual and our work was as well cared for as at anytime I am familiar with at Annapolis. We hope he can continue this good work for us in years to come.

Appreciation is also due to the large Committee that works

on these matters, to the office help who are ever ready and efficient. Also, we should like to mention the work done by Dr. Frank Shipley, Senator from Howard County at this Legislature. His help was considerable and was greatly appreciated by the Society.

Respectfully submitted,

KARL F. MECH, M.D., *Chairman*
FREDERIC V. BEITLER, M.D.
MELVIN B. DAVIS, M.D.
GEORGE O. EATON, M.D.
RAYMOND F. HELFRICH, M.D.
WILLIAM T. LAYMAN, M.D.
WALDO B. MOYERS, M.D.
WILLARD S. PARSON, M.D.
DANIEL J. PESSAGNO, M.D.
J. G. F. SMITH, M.D.
JAMES E. STONER, JR., M.D.
GEORGE E. URBAN, M.D.

Each Component Society is represented by the incumbent President, Secretary and Treasurer. See page 615–617.

MARYLAND MEDICAL SERVICE INCORPORATED AND MARYLAND HOSPITAL SERVICE, INCORPORATED

Mr. President and Members of the House of Delegates:

I want to review briefly for you the progress of the Blue Shield program in Maryland during 1954, the fourth year for this voluntary, non-profit prepayment plan.

As of December 31, 1954, membership under our standard program totalled 162, 153 subscribers, a substantial increase over the membership of 110,652 subscribers at the end of 1953. In the first quarter of 1955 we have added another 20,000 subscribers to bring total membership as of March 31st of this year to 181,329. The year-to-year increase has been about 55%. We also have approximately 100,000 subscribers enrolled under the special program for Bethlehem Steel, which we administer in cooperation with the Medical Service Association of Pennsylvania.

There are definite reasons for this excellent membership growth. Our enrollment representatives have worked hard to encourage existing Blue Cross groups to add Blue Shield. Of the total standard membership, 127,140 subscribers were enrolled through groups at the end of 1954. We had some 1,600 subscribers under our new Non-Group Enrollment Program. And 33,403 subscribers had group conversion memberships, paying their subscription charges direct.

Our local educational campaign, coupled with the excellent advertisements in national media, has contributed to this growth. There have been some very tangible results which can be attributed directly to this educational program, and I want to stress the fact that public information about Blue Shield is vitally important to the success of the program in the years ahead. People have got to know what we are before they can know what Blue Shield protection means.

Our total income in 1954 was $2,120,969. Out of this, Blue Shield paid 81.1% in benefits for subscribers, which incidentally is somewhat higher than the 80.0% average reported by all the 77 Blue Shield Medical Care Plans for 1954. Our percentage is especially significant, when you remember that Maryland Blue Shield is still relatively new and still experiencing a high rate of new enrollments. After operating expenses, we put aside 7.8% in subscriber reserves, somewhat more than we did in 1953.

We provided benefits last year for 28,125 subscribers, 16,640 of whom had membership under our standard program. This represents an increase of about 5,200 paid cases over 1953. Under the standard program, 65% of the cases involved surgery, 24% were medical admissions, and the remaining 11% were obstetrical cases. Twenty-nine per cent of these Blue Shield patients also received benefits for anesthesia and for consultations.

Let me comment briefly on other major developments in 1954:

I have already alluded to the new Non-Group Membership Program, but I want to emphasize the fact that, were it not for this program, a significant cross-section of our Maryland population—the self-employed, the unemployed, and those working where there are less than five employees—would not have been eligible for membership. Needless to say, we are delighted to have it, and we are pleased to report that membership is growing steadily.

In 1954, we established a Physicians' Newsletter which now goes out to all physicians in Maryland. Through this medium, we are able to keep everyone up to date on important developments in Blue Shield. This newsletter, I might say, is a first step in the direction of a general program of physician relations, which will have appropriate emphasis as we continue to grow.

Late in 1954, the Board of Trustees of Maryland Medical Service passed a resolution to authorize payments for in-hospital medical care for the full number of days of hospital residence. This step eliminates a minor problem which has caused us some difficulty in the past. And at the same time, the Board also authorized Blue Shield to provide the full scheduled benefits to subscribers who receive care from non-participating physicians, with the provision that such payments would henceforth be paid directly to the subscriber.

The Blue Shield program in Maryland got a rather late start, compared with programs in other areas. We still have a long way to go to match Blue Cross membership. For this reason we have concentrated our efforts in selling Blue Shield to new groups and to present Blue Cross groups, some of which already had another type of commercial coverage. The task has not been easy, but we feel that the results have been gratifying, particularly in the past twelve months.

The time is near when we will want to review our product and improve coverage. Mr. Dabney, our Director, tells me that we have now a Product Research Committee at work for this purpose, and its recommendations will soon be submitted to the Board of Trustees.

Cooperation by the Medical profession during the past year has been excellent. Many more doctors have become participating in the program. Of total payments made to Maryland physicians last year under our standard program, 95% were to participating doctors and 5% to those not participating.

In closing, I want to say just a word about Blue Shield

nationally. The 77 Blue Shield Plans, most of them partial service programs like Maryland Medical Service, had a total membership of 31,494,000 as of December 31, 1954, an increase during the year of about 12%. Last year these plans paid over $300,000,000 in benefits for 6,500,000 separate physicians' services. Today, more than 122,000 physicians participate in Blue Shield Plans, roughly 89% of all physicians in private practice in the areas served. This is certainly a gratifying record.

We have many problems ahead, both locally and nationally. But I am confident that, with the continued support and cooperation of all physicians, we will continue to move ahead in the coming year.

Respectfully submitted,

HENRY F. ULLRICH, M.D., *Chairman*

MATERNAL AND CHILD WELFARE COMMITTEE

Mr. President and Members of the House of Delegates:

MATERNAL SECTION

During the year 1954 your Committee continued its analysis of maternal deaths in the counties of Maryland. The Committee regrets to report that the gratifying decline in maternal mortality rates which has characterized recent years did not obtain in 1954, the combined figure for white and colored being essentially the same as in 1953, namely, 0.58 per 10,000 live births, as against 0.6 in the previous year. For colored mothers, the rate increased from 10 in 1953 to 15 in 1954. Although this apparent upward trend may well be a sampling error, since the total number of deaths was small, analysis of individual cases showed that the quality of care was often faulty in this group. Thus, the percentage of preventable deaths was high in 1954, namely, 72 per cent, as against 47 per cent in 1953, and an average of about 65 per cent over the past decade. All this shows that there is still much room for improvement. During the year 1954, there were 23 maternal deaths in the counties of Maryland and two associated with pregnancy. The causes of these deaths were as follows:

(1) Maternal Causes of Death

Hemorrhage		10
Postpartum	3	
Ruptured ectopic pregnancy	3	
Ruptured uterus	1	
Probably ruptured uterus	1	
Postabortal hemorrhage and shock	1	
Abruptio	1	
Toxemias		4
Eclampsia	2	
"Acute toxemia"	1	
Chronic hypertensive vascular disease	1	
Infection		3
Septicemia	2	
Peritonitis	1	
Embolism		3
Pulmonary	2	
Air embolism	1	
Miscellaneous		
Anesthesia accident	3	
Ether intoxication	1	
Intestinal obstruction—in pregnancy	1	
Sudden death, unexplained	1	
(2) Deaths Associated with Pregnancy		2
Rheumatic heart disease with decompensation	2	

The work of the Committee has been hampered by occasional inability to fathom the true cause of some of these fatalities. Indeed, an increasing number of sudden deaths of bizarre character and obscure etiology are coming to its attention in which the real cause of exitus can only be a matter of speculation. While the physicians of the State in general have been admirably cooperative in supplying the Committee with detailed case histories, there is a small minority of instances in which the recital of events prior to death is very scanty. Moreover, the percentage of autopsies obtained in 1954 was only 52 per cent. The work of the Committee would be greatly facilitated, and its findings made much more informative if every physician who reports a maternal death would describe the clinical course in meticulous detail and, in addition, do everything in his power to secure an autopsy.

Since obstetricians as well as pediatricians should be cognizant of the danger to premature infants of prolonged oxygen therapy at high concentrations, the Committee wishes to direct attention to the important report of the Pediatric Section of the Committee on Maternal and Child Welfare dealing with the prevention of retrolental fibroplasia. Conclusive evidence is there advanced to show that the main cause of this tragic disease is the prolonged use of oxygen in concentrations over 40 per cent in the management of premature infants. Pediatricians, obstetricians, general practitioners, as well as nurses should be alert to this danger.

Finally, the Committee wishes to make two acknowledgments. In the first place, it wishes to express its deep gratitude to the retiring Chairman, Dr. Louis H. Douglass, for his many years of faithful, constructive service; it will sorely miss his seasoned guidance and wisdom. In the second place, the Committee desires to acknowledge its gratitude to the physicians of the State who have taken the time and trouble to submit detailed data on maternal deaths. It would seem obvious that their continued cooperation is indispensable to the successful functioning of the Committee.

PEDIATRIC SECTION

During 1954 the Pediatric Section continued to review the premature deaths in the counties of Maryland. Conditions associated with prematurity continue to account for the largest percentage of all infant deaths.

Final figures for 1953 show—

	City	Counties	Total
Live births	22,748	41,775	64,523
Weight 2500 Gm. or less	2,217	3,249	5,466
Per cent premature	9.7%	7.7%	8.7%
Infant deaths	687	1,057	1,744
Deaths in prematures	311	450	761
Per cent premature	45%	42%	43%

It is evident from the above figures that a total of 43% of the infant deaths occur in infants weighing less than 2500 grams, while this same weight group constitutes only 8.7% of the live births.

The Committee continued its efforts in surveying the deaths by sending out forms on premature infants who survived more than 48 hours. During 1954, 87 survey forms were sent out; 52 were returned and reviewed by the Committee. Individual letters were sent to all the physicians giving the Committee's impression as to the cause of death and the care given the infant.

The general medical and nursing care given these infants continues to improve. One persistent problem is the inadequate number of nurses experienced in the care of premature infants available in the county hospitals.

The Pediatric Section has been quite concerned with the association of high oxygen administration to the occurrence of retrolental fibroplasia. A statement, with supporting evidence, was drawn up recommending that oxygen concentration in incubators be maintained at a maximum of 40% and urging all hospitals to purchase an oxygen analyzer for frequent determinations of the concentration. This statement was approved unanimously by the Committee and submitted to the Maternal Section where it was also approved and submitted to the STATE MEDICAL JOURNAL for publication. All hospitals were informed and this information has been incorporated in the "Suggested Guide for the Care of Premature Infants."

A change has also been made in the recommended doses of Vitamins A & D. The present daily amounts recommended are: Vitamin A—5,000 units; Vitamin D—1,000 units; Vitamin C—100 mgm.

The Committee has shown keen interest in broadening the scope of its activities. A great deal of time and thought has been placed on considering how the Committee may best function in improving child welfare throughout the State. Plans are underway to extend the educational activities in 1955 while continuing the present functions.

Respectfully submitted,

NICHOLSON J. EASTMAN, M.D., *Chairman*
J. EDMUND BRADLEY, M.D., *Vice-Chairman*
GEORGE W. ANDERSON, M.D.
ARTHUR BAPTISTI, JR., M.D.
JOHN McF. BERGLAND, M.D.
ANNIE M. BESTEBREURTJE, M.D.
HARRY D. BOWMAN, M.D.
THOMAS A. CHRISTENSEN, M.D.
STUART CHRISTHILF, JR., M.D.
GEORGE H. DAVIS, M.D.
D. McCLELLAND DIXON, M.D.
H. W. ELIASON, M.D.
ABRAHAM H. FINKELSTEIN, M.D.
S. BUTLER GRIMES, M.D.
WILSON GRUBB, M.D.
I. RIVERS HANSON, M.D.
JANET B. HARDY, M.D.
PAUL HARPER, M.D.
JOHN S. HAUGHT, M.D.
W. ROYCE HODGES, JR., M.D.
D. FRANK KALTREIDER, M.D.
W. KENNETH MANSFIELD, M.D.
W. C. MORGAN, M.D.
ALBERT M. POWELL, M.D.
J. MORRIS REESE, M.D.
JOHN EDWARD SAVAGE, M.D.
ALEXANDER J. SCHAFFER, M.D.
JEAN R. STIFLER, M.D.
WILLIAM C. STIFLER, JR., M.D.
BYRON D. WHITE, M.D.
JOHN WHITRIDGE, JR., M.D.

MEDICAL ADVISORY COMMITTEE TO SELECTIVE SERVICE

Mr. President and Members of the House of Delegates:

No report.

Respectfully submitted,

R. WALTER GRAHAM, JR., M.D., *Chairman*

JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS

Mr. President and Members of the House of Delegates:

The Joint Committee on Medicolegal Problems is set up in subcommittees and these have been reorganized this year as follows: Symposia Management Subcommittee—Doctors Conrad Acton, Russell S. Fisher, Wetherbee Fort and Louis Krause. Subcommittee on Interprofessional Relations—Doctors Leo Brady, I. Ridgeway Trimble and Henry F. Ullrich. Subcommittee on Court Procedure—Doctors Manfred S. Guttmacher, Charles A. Reifschneider and Walter D. Wise. Not only members of the Medical and Chirurgical Faculty serve on these Subcommittees but also members of the Bar Associations.

The Subcommittee on Court Procedure, in cooperation with the Council of the Medical and Chirurgical Faculty has made available a panel of physicians on whom the Judges of the Courts may call.

Again this year, the most active of the Subcommittees has been the Symposia Management Subcommittee. Two meetings were held in Osler Hall. A Symposium on "The Control of Chronic Alcoholism" was held on Friday, May 14, 1954, and the following participated: Dr. C. Holmes Boyd, Assistant Professor of Medicine, The Johns Hopkins University School of Medicine, Moderator; The Honorable J. DeWeese Carter, Associate Judge, Second Judicial Circuit; Dr. Irving J. Taylor, Medical Director of Taylor Manor Hospital and Instructor in Psychiatry, The Johns Hopkins University School of Medicine and Donald H. Frye, Esquire, were the panel participants.

The second symposium was held on January 12, 1955, and Osler Hall was crowded—in fact there was standing room only. The subject was "Trauma or Heart Disease? Pretrial Conference for Medical Testimony." The Honorable Emory H. Niles, Chief Judge of the Supreme Bench of Baltimore City, was the Presiding Judge. The Medical Witnesses were Dr. Russell S. Fisher, Chief Medical Examiner of the State of Maryland—Pathological Finding, and Dr. E. Cowles Andrus,

Associate Professor of Medicine at The Johns Hopkins University School of Medicine—Clinical Aspects and Expert Opinion. Attorney for Plaintiff was Maurice J. Pressman of the Baltimore Bar, and Attorney for Defendant was J. Gilbert Prendergast of the Baltimore Bar.

This Committee plans another meeting in the spring.

Respectfully submitted,

LOUIS KRAUSE, M.D., *Chairman*
CONRAD ACTON, M.D.
LEO BRADY, M.D.
RUSSELL S. FISHER, M.D.
WETHERBEE FORT, M.D.
MANFRED S. GUTTMACHER, M.D.
CHARLES A. REIFSCHNEIDER, M.D.
I. RIDGEWAY TRIMBLE, M.D.
HENRY F. ULLRICH, M.D.
WALTER D. WISE, M.D.

MEMOIR COMMITTEE*

Mr. President and Members of the Medical and Chirurgical Faculty:

The Memoir Committee wishes to express appreciation to the Editor of the MARYLAND MEDICAL JOURNAL for allowing space for individual notices of the death of members as they occur during the year and is especially grateful to the secretarial staff for the greatly increased burden this represents. Naturally we have not been satisfied with a bare listing of names and yet no tribute is adequate for a lifetime of service. The collection of personal data from the family and the composing of these notices has been undertaken in most cases by a close friend, rather than in a routine way by the overworked Journal representative or by assignment in rotation to a Memoir Committee member, possibly not well acquainted. Since this last tribute is offered in the name of the Faculty, authors have almost unanimously preferred not to be identified, unless by initials, and the Committee takes this opportunity for publicly thanking these members, who have given heart and mind to this kindly task. Copies of the Journal carrying the memoir of their beloved physician are sent to the family in each case and you would be touched to see how gratefully this small comfort is received.

Framed on the sick-room wall of an aging man hung a hand-printed copy of a poem found on the body of his son, who had written it before going into action during the first world war. Not its literary perfection, but the authority of one who bet his life on his Cause makes the last line unforgettable—"Battles are won by those who fall." As we hear the names of those who, since our last Annual Meeting, have passed from our membership, you will recognize some who have made great contributions and some who have only died trying. They are alike in that they did not expect to emerge unscathed from frequent close encounter with the Men of Death.

The recent spectacular announcement in poliomyelitis seems to outsiders quite suddenly to have rescued us from a helpless fatalism in regard to that disease, yet the years and lives apparently wasted in that long hard search were a necessary, if chiefly negative, groundwork for this brilliant success. Cynicism is thus once again shamed into silence and we may feel sure that the dangers and miseries of our present world are not forever if each but does his part, in the high tradition of those who have gone before.

Anne Arundel County

Basil, George C. ..... December 5, 1954

Baltimore City

Hall, Elmer Gill ..... July 13, 1954
Hammer, Howell I. ..... December 6, 1954
Hensen, Henry M. ..... July 17, 1954
Joska, Vincent V ..... July 1, 1954
Keyser, Robert Lee ..... May 31, 1954
Knowles, Frederick Edwin, Jr. ..... June 5, 1954
Konigsberg, Wilfred K. ..... February 21, 1955
Luetscher, John A. ..... February 4, 1955
Rowland, James M. H. ..... July 26, 1954
Schwentker, Francis F. ..... November 8, 1954
Shpritz, Nathan H. ..... February 13, 1955
Thomas, Clyde D., Jr. ..... May 27, 1954

Baltimore County

Burton, C. H. ..... January 24, 1955
Sugarman, Maxwell ..... August 30, 1954

Carroll County

Benner, Chandos M. ..... April 1, 1954
Beyer, Margaret Virginia ..... September 2, 1954
Grabill, J. Stanley ..... January 30, 1955

Dorchester County

Johnson, Walter B. ..... June 4, 1954

Harford County

Dolce, Daniel D. ..... September 27, 1954

Kent County

Copeland, H. P. ..... May 16, 1954

Montgomery County

Shirley, R. King ..... June 5, 1954

Queen Anne's County

Dudley, Norman Spear ..... July 1, 1954

St. Mary's County

Palmer, Robert Vickery ..... February 19, 1955
Thompson, Earl X. ..... March 11, 1954

Somerset County

Whaley, Thomas B. ..... May 15, 1954

Washington County

Bender, W. Ralph ..... December 29, 1954
Schulze, William C. ..... March 14, 1955

* See Annual Meeting Program, Thursday evening, April 21, 1955. (Page 574.)

Wicomico County

Barnes, Harry A.....Reported April 9, 1954
Mann, Hunter R.....September 7, 1954
Rademaker, Lee Albert.....September 8, 1954

Nonresidents

Grant, Harry C. Sr., Texas.....October 30, 1954
Hazard, Elmer C., New Jersey.....November 6, 1954

Stubbornly refusing to accept things as they are until they are as they should be, like the Puritans, "they heard the call of Duty and knew it for the Voice of God."

Respectfully submitted,
A. S. Chalfant, M.D., *Chairman*
Archie R. Cohen, M.D.
John F. Hogan, M.D.
H. F. Kinnamon, M.D.
Ernest F. Poole, M.D.

MENTAL HYGIENE COMMITTEE

Mr. President and Members of the House of Delegates:

During the current year the main activity of the Mental Hygiene Committee involved its Chairman attending and participating in a conference of mental health representatives of the state medical associations sponsored by the Committee on Mental Health of the American Medical Association. An outline of events at this conference follows:

The Chairman of your Committee on Mental Hygiene attended a conference called by the Committee on Mental Health of the American Medical Association which was held in Chicago on September 17 and 18, 1954. The conference was attended by representatives from thirty-six state medical associations, representatives of the relevant government medical services, of psychiatric associations, of the American Medical Association, and the Council of State Governments.

The meeting was an expression of the American Medical Association's increasing interest in the seriousness of the mental health problem. In some respects, it was an outgrowth of a Conference on Mental Health under the joint auspices of the A.M.A. and A.P.A. which was held in Washington in October 1953.

Following a welcoming address by the President of the American Medical Association, Dr. Leo Bartemeier, Chairman of A.M.A. Committee made a statement of the purposes of the conference. These purposes were primarily to find out what was being done by organized medicine in the various states, with presentation of several types of mental health program; a presentation of the program of the Veterans Administration and the National Institute of Mental Health; and some suggestions as to how these programs could cooperate most effectively at various levels and in various types of situations. Types of program vary widely from state to state. Your Chairman expressed his own personal view that our Committee acts as a "watchdog" to inform officers and the membership of the Medical and Chirurgical Faculty of Maryland of situations in the local mental health field which it feels should be brought specifically to their attention, and upon the request of the officers or membership of the Faculty, to gather information and offer advice on anything in the field of mental health. Your Chairman feels that in our state other activities are taken care of by agencies specifically set up for the purpose.

The President of the A.M.A. expressed his concern over deplorable conditions in mental hospitals and apprehension lest the control of these hospitals and treatment of the mentally ill might be slipping out of medical hands.

Considerable concern was expressed about the activities of psychologists in various states. The statement of the principles of relationship between Psychology and Psychiatry as expressed by the A.P.A. was endorsed.

The Woman's Auxiliary to the A.M.A. expressed its willingness to cooperate on all levels with the Association's Committees on Mental Health.

Recommendations were made for the functioning of subcommittees on alcoholism at state and local levels.

A statement was made of the activities in the field of mental health which are being undertaken in the Council of State Governments. We have reason to be proud of the activities of the Southern Regional State Governors Group.

On the whole this was a preliminary meeting to exchange information as to what was going on all over the country; to compare notes on various types of state activities and the most effective means of coordinating them with activities of the Federal government, medical associations, etc., etc. The fact that this was a preliminary meeting and the feeling that this ought to be a recurrent affair were stressed. It is probable that subsequent activities of the Committee on Mental Health of the A.M.A. will depend largely upon the state and local committees' supplying data to the A.M.A. on the one hand, and their carrying out its recommendations on the other.

Your Chairman has a number of very interesting and thought provoking pamphlets and brochures which were distributed at the meeting, or which have been sent to him subsequently, which he will be glad to forward to any of you upon request.

Your Committee on Mental Health holds itself in readiness to advise the officers and members of the Faculty on any subjects within its field whenever it is requested to do so. Because of the overlapping of medical specialty societies and lay societies in the mental health fields, they have not felt it wise to take the initiative in mental health activities in Maryland because its doing so implies the official endorsement of the Medical and Chirurgical Faculty. If a different policy is preferred, your Committee will be happy to conform.

Respectfully submitted,
Harry M. Murdock, M.D., *Chairman*
Dexter M. Bullard, M.D.
Robert E. Gardner, M.D.
Kenneth B. Jones, M.D.
Wendell S. Muncie, M.D.
H. Whitman Newell, M.D.
Irving J. Spear, M.D.
Ralph P. Truitt, M.D.

COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE

Mr. President and Members of the House of Delegates:

The National Emergency Medical Service Committee has not been called into formal session during the year. However, all emergency medical defense activity in the State has been conducted pursuant to the policy enunciated by the Committee at a former gathering in conjunction with other members of the Civil Defense Advisory Council.

In the matter of proposing to the delegates of the Faculty a resolution bringing the discussion of Civil Defense into the programs of the component societies, all Committee members expressed themselves approvingly and the delegates subsequently adopted the resolution. This action has resulted in a wide stimulation of interest and cooperation on the part of the physicians of the State in furthering their local Civil Defense programs. It is felt that inauguration of these programmed discussions has instituted a continuing practice on the part of the major components, especially since certain of these not previously so organized, have, during the year, established permanent committees for the purpose of actively furthering their local Civil Defense Medical Services.

Recommendations: None

Respectfully submitted,

ROBERT H. RILEY, M.D., *Chairman*
J. ALBERT CHATARD, M.D.
ALAN M. CHESNEY, M.D.
EVERETT S. DIGGS, M.D.
C. REID EDWARDS, M.D.
CHARLES W. MAXSON, M.D.
PERRY F. PRATHER, M.D.
GEORGE H. YEAGER, M.D.
MR. WALTER N. KIRKMAN

NEW BUILDING COMMITTEE

Mr. President and Members of the House of Delegates:

No new plans have been considered by this Committee pending the results of the assessment made for this year. When more is known about the possible addition to our Building Funds, the Committee will resume a consideration of plans to add to the physical equipment.

Respectfully submitted,

C. REID EDWARDS, M.D., *Chairman*
ALBERT E. GOLDSTEIN, M.D., *Chairman of Subcommittee on Finance*
JOHN W. PARSONS, M.D., *Treasurer of Subcommittee on Finance*
R. WALTER GRAHAM, JR., M.D., *Chairman, Subcommittee on Building Plans*

New Building Committee Subcommittee on Finance

Mr. President and Members of the House of Delegates:

As Chairman of the Finance and New Building Committee, I can report that since the suggested assessment has been placed on all members of the Faculty, I can truthfully say that the members have responded so far very nicely.

Up to the writing of this report on March 14, 1955, we have approximately collected about ten thousand dollars ($10,000). Much more is coming in and we expect by the end of the month every member will have paid his assessment.

I am hoping that in the very near future to get my Committee together and begin talking about plans for remodeling and addition to the building.

I am very grateful to all the members for the response that we have received.

Respectfully submitted,

ALBERT E. GOLDSTEIN, M.D., *Chairman*

New Building Committee Subcommittee on Building Plans

Mr. President and Members of the House of Delegates:

No report.

Respectfully submitted,

R. WALTER GRAHAM, JR., M.D., *Chairman*

COMMITTEE FOR THE STUDY OF PELVIC CANCER

Mr. President and Members of the House of Delegates:

Fifteen hospitals in Baltimore City are cooperating with the Committee for the Study of Pelvic Cancer in its study of delay periods in the diagnosis and treatment of pelvic cancer. As of March 1, 1955, the study has included eight hundred and ninety cases which have been reviewed and classified according to the delay period between the time of onset of symptoms and the time of correct diagnosis and adequate treatment. We have considered a time lapse of more than one month as delay. The cases have been classified as follows:

Patient Delay	402	45.2%
Physician Delay	76	8.5%
Physician and Patient Delay	48	5.4%
Institutional Delay	27	3.0%
Patient and Institutional Delay	17	2.0%
Physician and Institutional Delay	4	0.5%
Physician, Patient and Institutional Delay	2	0.2%
Inadequate Treatment*	3	0.3%
No Delay	289	32.5%
Asymptomatic Detected Cases	22	2.4%

Delay on the part of the physician was involved in 14.9% of the cases. Delay on the part of the hospital was a factor in 5.7%.

The Committee meets monthly, September–June, at which time selected cases are presented for discussion. All doctors concerned in the treatment of a case are invited to attend the meetings.

It has been of interest to note the increasing number of cases which come to treatment while the disease is still in the

* This classification added January 1955.

earlier stages. Of the cases of cervical cancer included in the study in 1954, 18.7% were stage 0, 27.3% were stage I, and 24.2% were stage II. This represents a considerable increase over the previous years.

Respectively submitted,

RICHARD W. TELINDE, M.D., *Chairman*
J. MASON HUNDLEY, JR., M.D., *Vice-Chairman*
BEVERLEY C. COMPTON, M.D., *Secretary-Treasurer*
C. BERNARD BRACK, M.D.
J. MURRAY DENNIS, M.D.
EVERETT S. DIGGS, M.D.
V. L. ELLICOTT, M.D.
GERALD A. GALVIN, M.D.
HOWARD W. JONES, M.D.
THEODORE KARDASH, M.D.
EMIL NOVAK, M.D.

PHYSIOTHERAPY COMMITTEE (1954)

Mr. President and Members of the House of Delegates:

Other than the following resolution, the report on the Physiotherapy Committee is negative:

Whereas: There is a definite need for well-trained physical therapists in the State of Maryland and whereas, this need will increase with the passage of time, resolve that a well-planned school for physical therapy be established at the University of Maryland as soon as possible. (See page 547.)

Respectfully submitted,

W. RICHARD FERGUSON, M.D., *Chairman*
JOHN J. DOBBIE, M.D.
MOSES GELLMAN, M.D.
H. ALVAN JONES, M.D.
HOWARD F. KINNAMON, M.D.
C. ARTHUR ROSSBERG, M.D.
ALLEN F. VOSHELL, M.D.

PHYSIOTHERAPY COMMITTEE (1955)

Mr. President and Members of the House of Delegates:

The Physiotherapy Committee for the year 1955 has had no meetings, and I do not anticipate any meetings of the Committee within the near future.

Respectfully submitted,

H. ALVAN JONES, M.D., *Chairman*
HENRY BRIELE, M.D.
W. RICHARD FERGUSON, M.D.
MOSES GELLMAN, M.D.
JAMES P. MILLER, M.D.

PROFESSIONAL CONDUCT COMMITTEE (1954)

Mr. President and Members of the House of Delegates:

Herewith is a report of the Professional Conduct Committee for 1954.

The total number of cases reviewed by the Committee was 24, 20 of which were completed, 4 remained over for the following year. The Committee would again like to stress the importance of our members acceding to the request from the Grievance Committee for a frank statement when these grievances occur. The Committee feels that by trying to solve these problems early it prevents an impending law-suit and we hope that the settlements made by the Committee add to the comfort of the doctors and patients who bring the grievances.

Respectfully submitted,

W. HOUSTON TOULSON, M.D., *Past President* (1949), *Chairman*, 1954
A. AUSTIN PEARRE, M.D., *Past President* (1950)
WALTER D. WISE, M.D., *Past President* (1951)
ALAN M. CHESNEY, M.D., *Past President* (1952)
MAURICE C. PINCOFFS, M.D., *Past President* (1953)
E. COWLES ANDRUS, M.D., *Chairman of Council*

PROFESSIONAL CONDUCT COMMITTEE (1955)

Mr. President and Members of the House of Delegates:

The Professional Conduct Committee had its first meeting in 1955 on January 27th. At this meeting it was decided that complaints requiring investigation must be submitted in writing stating clearly the specific grievance and signed by the complainant. As much factual evidence as possible should be presented. The problems presented to this Committee are frequently difficult and time-consuming. The Committee feels that the charges must be clearly defined to warrant an investigation. Rumors and reports do not justify a hearing. As stated in the Constitution, "The function of this Committee will be to hear legitimate grievances against members of the Society, examine the facts of the grievances and make recommendations as to their disposition to the Council of the Faculty." The Committee will meet when necessary at intervals throughout the year and will carefully consider all complaints.

The responsibility for hearing and adjusting complaints does not end with mediation by a Committee. The individual physician member of the Medical and Chirurgical Faculty must do what he can to eliminate the basis for complaints or disagreements. An underlying reason prompting many complaints is lack of understanding by the doctors of the Principles of Medical Ethics. It is suggested that each member of the Faculty reread "Principles of Medical Ethics of the American Medical Association." The most recent edition was published December 1954. A symposium on ethics is a desirable program for the component societies from time to time.

Certainly, recourse to the Professional Conduct Committee will be kept at a minimum if each member physician in all of his relationships, both with his patients and his professional colleagues, follows implicitly the ideal and the spirit of the Golden Rule.

Respectfully submitted,

A. AUSTIN PEARRE, M.D., *Past President* (1950), *Chairman*, 1955
WALTER D. WISE, M.D., *Past President* (1951)
ALAN M. CHESNEY, M.D., *Past President* (1952)
MAURICE C. PINCOFFS, M.D., *Past President* (1953)
BENDER B. KNEISLEY, M.D., *Past President* (1954)
WARFIELD M. FIROR, M.D., *Chairman of Council*

COMMITTEE ON PUBLIC INSTRUCTION

Mr. President and Members of the House of Delegates:

No formal meeting of the Committee on Public Instruction was held during 1954. Committee members, however, communicated with each other through written correspondence and at medical and other meetings.

In reviewing the work of this committee it is well to consider the overall health picture in Maryland during 1954. The preliminary 1954 annual report of the Maryland State Department of Health indicates an all-time low death rate and a record number of births. The overall death rate of 9.1 per 1,000 population was 5.4 per cent lower than the three year average of 9.7. Deaths from tuberculosis, syphilis, nephritis, influenza-pneumonia, accidents and heart disease were substantially lower than the 1951–1953 average. The 1954 tuberculosis death rate of 13.6 per 100,000 population represented a dramatic decline of 81 per cent in ten years from the 1944 figure of 71.3 per 100,000 population. In Baltimore City the record shows a decline of 23 per cent in the tuberculosis death rate over the past year. In addition, Baltimore during 1954 had no diphtheria death, no poliomyelitis death, no typhoid fever death, nor any case of smallpox. In pointing out these health advances it is well to emphasize that while no one factor was responsible for these improvements, yet it may be said that Maryland's favorable health picture is in large measure the result of educational experiences provided to both physicians and the lay public by the Medical and Chirurgical Faculty of Maryland and associated health agencies of which the Committee members were a functional and active part.

Particular programs to which the Faculty gave strong support and to which the Committee on Public Instruction devoted its efforts were: The special home sickness studies carried on by the National Commission on Chronic Illness; the county and city medical care programs; the Baltimore City study on aging and the problems of the aged; instruction regarding gamma globulin in relation to poliomyelitis; the prevention of home accidents with letters and other literature directed to both physicians and the public; Diabetes Detection Week which is observed on a nation-wide basis in November; civil defense; and the weekly radio and television series sponsored jointly with the Baltimore City Health Department.

The end of 1954 saw the presentation of the 800th "Keeping Well" radio program and the 312th television broadcast. The "Keeping Well" series of radio broadcasts are in the form of health dramas and are broadcast over WFBR as a public service program; the television series "Your Family Doctor" vary in presentation from week to week and are telecast over Channel 2, WMAR-TV, the Baltimore Sunpapers organization. The radio program has served as a vehicle for the dissemination of health information since 1932 and the television program since 1948. Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases of the Baltimore City Health Department portrays the family physician on radio and Mr. Robert M. Keller of the Baltimore City Civil Defense Health Service staff is the television program's family doctor, "Dr. John Worthington." Both programs reach many thousands of persons throughout the state and surrounding areas. Both programs also have elicited interest by other medical societies and health agencies.

Among the radio programs ten were concerned with accident prevention, six with food and nutrition, five with communicable disease control, four with maternal and child care, three each with heart and circulation, cancer, and environmental sanitation or housing—others included programs on mental health, first aid, dental care, school health, diabetes, geriatrics, lead poisoning in children and miscellaneous personal and community health subjects. Television programs included ten on accident prevention, seven on food and nutrition, four on heart and circulation, three each on cancer, communicable disease control, and environmental sanitation or housing—other programs were concerned with mental health, dental care, school health, first aid, conservation of eyesight, diabetes, geriatrics, lead poisoning in children and miscellaneous personal and community health subjects. Both programs, it will be noted, run fairly parallel with respect to subject matter content. All scripts are written with the assistance of physicians, health department staff members or other health workers. During the year twelve physicians participated in the television program as guests of "Dr. Worthington."

Throughout the year the Committee on Public Instruction continued its activities with the active support of State, County and City Health Departments. Records of such activities which deal directly or indirectly with physicians and the general public may be found in health department reports and in their periodic publications and press releases.

In conclusion it may be stated that committee members have also taken advantage of available opportunities to present medical information to the physicians and to the public through meetings, lectures, and through the pages of the monthly MARYLAND STATE MEDICAL JOURNAL.

Respectfully submitted,

HUNTINGTON WILLIAMS, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
RICHARD V. HAUVER, M.D.
PAGE C. JETT, M.D.
WILLIAM D. NOBLE, M.D.
ROBERT H. RILEY, M.D.
PETER P. RODMAN, M.D.
A. F. WHITSITT, M.D.
FRANK D. WORTHINGTON, M.D.

COMMITTEE TO CONSIDER THE RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT FOR PROFESSIONAL SERVICES

Mr. President and Members of the House of Delegates:

The Committee has as yet had no regular meeting during the year of 1954–55, but it seems probable that there will be a meeting in the near future since the case of a Pathologist who has applied to the Medical and Chirurgical Faculty for assistance has just been referred to the Chairman. Investiga-

tion of this appeal will be made as promptly as possible and all efforts turned toward a satisfactory solution of the problem.

Respectfully submitted,
WEBSTER H. BROWN, M.D., *Chairman*
E. HOLLISTER DAVIS, M.D.
HENRY L. WOLLENWEBER, M.D.
A. DOUGAL YOUNG, M.D.
MR. GEORGE H. BUCK
MR. PARKER J. MCMILLIN
MR. HARVEY H. WEISS

RESOLUTIONS COMMITTEE

Mr. President and Members of the House of Delegates:

The duties of the Resolutions Committee have been broadly outlined in Chapter VIII, Section 9, of the Constitution and By-Laws and even further delineated by recent Council action. Some more clarification is needed and will probably be forthcoming.

The Resolutions Committee feels it has two actions it may take on a resolution: either to recommend the House to approve or disapprove the resolution as submitted. We do not feel it is in our province to reword, correct grammar or in any way alter the submitted form. Careful thought in the formulation of a resolution, and consultation with those familiar with previous House action and already existing Committees concerning the proposed matter, could save much time and effort.

SCHEDULE OF FEES UNDER BLUE CROSS FOR VISITING SURGEON AND LOCAL PHYSICIAN

Information from Blue Cross indicates that an adjustment of the fee of the General Practitioner would seem to take care of the request made in the Resolution, and therefore the Resolutions Committee recommends disapproval of said Resolution. (See page 546, also 548.)

ESTABLISHMENT OF COMMITTEE ON GERIATRICS AND GERONTOLOGY

The Resolutions Committee recommends disapproval of this Resolution for the following reasons:

(a) There is already a Committee on Geriatrics in existence.
(b) Appointments of committees should coincide with the beginning of a President's term (January 1st) instead of the Annual Meeting.
(c) The Resolution does not state who appoints the committee.
(d) The last paragraph, re the seeking of funds, is superfluous because the right to seek and obtain funds with Council approval is the established right of any committee.
(e) If it is desired to expand the present Committee on Geriatrics it is suggested the above objections be noted. (See page 547.)

ESTABLISHMENT OF A SCHOOL OF PHYSICAL THERAPY AT THE UNIVERSITY OF MARYLAND

The Resolutions Committee recommends approval of this Resolution. (See page 547.)

HOSPITAL INSPECTION

The Resolutions Committee recommends approval of this Resolution. (See page 547.)

Respectfully submitted,
ROBERT VANL. CAMPBELL, M.D., *Chairman*
CHARLES R. AUSTRIAN, M.D.
ERNEST I. CORNBROOKS, JR., M.D.
WHITMER B. FIROR, M.D.
JOHN H. TRESCHER, M.D.

COMMITTEE ON RURAL MEDICINE

Mr. President and Members of the House of Delegates:

The Committee on Rural Medicine has not had a meeting during the year, and it is questionable whether or not such a meeting can be achieved. Certainly it has been impossible in our experience, except in conjunction with the annual and semi-annual meetings of the Faculty.

Your Chairman has met with different groups during the year interested in rural medicine. He addressed the graduating class of the University of Maryland on "Starting out in Practice," which was really an invitation to rural medicine. After meeting with representatives of the Extension Service of the University of Maryland and Mr. Aubrey Gates, rural health representative of the American Medical Association, plans are now being made for a half-day meeting during the Rural Woman's Short Course to be held in June which will discuss medical facilities in rural communities.

The Chairman would like to emphasize once more the need for the medical profession to take a stand for some formal endorsement system on prepaid medical and hospital insurance in order to prevent the wholesale dissemination of worthless policies, which will in the long run discredit the entire idea of prepaid insurance.

We are happy to report that Blue Shield and Blue Cross are now available on an individual basis to rural families, and membership is no longer restricted to group enrollment.

Respectfully submitted,
PAGE C. JETT, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
MORRIS FRANKLIN BIRELY, M.D.
ARTHUR TALBOTT BRICE, M.D.
HENRY V. CHASE, M.D.
THOMAS A. CHRISTENSEN, M.D.
JOHN FAWCETT, M.D.
JESSE S. FIFER, M.D.
JOHN S. GREEN, III, M.D.
JOHN H. GRIFFIN, M.D.
JAMES W. MEADE, JR., M.D.
WALTER H. SHEALY, M.D.
MILFORD H. SPRECHER, M.D.
HUGH W. WARD, M.D.
JOHN WHITRIDGE, JR., M.D.

COMMITTEE TO ADVISE THE STATE DEPARTMENT OF HEALTH (1954)

Mr. President and Members of the House of Delegates:

This report covers the period January 1, 1954, to December 31, 1954, inclusive. (See page 542.)

The Committee held only one meeting during the calendar year 1954. This meeting was held at the headquarters of the Faculty on December 28th, 1954 to consider the following resolution which was submitted by the Baltimore County Medical Association:

"WHEREAS it has come to the attention of the Baltimore County Medical Association, Inc., that there are doctors in Baltimore County as well as elsewhere throughout the state who are using the facilities of the State Health Department Laboratories to obtain tests for purposes other than those for which the laboratories were originally established and

WHEREAS it is the opinion of the members of the Baltimore County Medical Association that such misuse of these facilities should cease and desist immediately. NOW THEREFORE BE IT

RESOLVED that the State Health Department Laboratories confine the scope of their activities and adhere to their original purpose for which they were established to wit: to run laboratory tests for contagious diseases and conditions of affecting public health and to handling all laboratory tests for medical care cases provided that in the case of medical care patients the case number shall appear on the laboratory request sheet and provided further that a copy of this resolution be sent by the secretary of the Baltimore County Medical Association, Inc., to the State Health Department and to the Medical and Chirurgical Faculty of the State of Maryland."

The Resolutions Committee of the Faculty, to which the foregoing resolution had been automatically referred, recommended to the House of Delegates at the semi-annual meeting on September 30, 1954, that the resolution be not approved. The House, however, voted to refer the resolution to the Faculty's Committee to advise the State Department of Health for further study, with instructions to report back to the House. (See page 542.)

Pursuant to those instructions the above-mentioned meeting was held at which there were present by invitation representatives from the State Department of Health and from the Baltimore County Medical Association, as well as other interested persons. No action was taken by the Committee at that meeting but the Chairman undertook to seek further information from the authorities of the State Department of Health concerning the matter at issue and to report back to the Committee at a further meeting.

Pursuant to this understanding the undersigned consulted with Drs. Perry, Davens and Ziegler of the State Department of Health on January 5, 1955, and then prepared a statement of the origin and operation of the present practice of the State Department of Health in supplying clinical laboratory services to the people of Maryland. He presented this statement to the State Board of Health at its regular meeting on Friday, January 14th, 1955, and then wrote a letter to his successor as Chairman of the Committee, Dr. Bender B. Kneisley, acquainting him with everything that had happened in regard to this matter since it had been brought to his attention. In addition he deposited the file of the Committee in the office of the Secretary of the Faculty, as his appointment on the Committee expired on December 31, 1954.

The preceding paragraphs were submitted in March so the report for this Committee could be sent with "The Summary of Reports" to the delegates prior to the House of Delegates Meeting on April 21, 1955. At the April 21st meeting, Dr. Chesney personally presented the following statement in order to amplify the original report.

This statement has been prepared primarily for the benefit of the members of the Committee to Advise the State Department of Health which is a standing committee of the Medical and Chirurgical Faculty of the State of Maryland. Its preparation stems from the fact that the Baltimore County Medical Association submitted to the Faculty the resolution which is given above.

It is apparent that if the State Board of Health concurred in the view expressed in that resolution, the present practice of the Department's laboratories in making clinical laboratory services available to all people throughout Maryland would have to be curtailed.

The Resolutions Committee of the Faculty, to which the foregoing resolution was automatically referred, recommended to the House of Delegates at the semi-annual meeting on September 30th, 1954, that the resolution be not approved. The House of Delegates, however, voted to refer the resolution to the Faculty's Committee to Advise the State Department of Health for further study, with instructions to report back to the House.

The Committee to Advise the State Department of Health held a meeting on December 28th, 1954, under the chairmanship of the undersigned, at which there were present by invitation representatives from the State Department of Health and from the Baltimore County Medical Association as well as other interested persons. No action was taken by the Committee at that meeting but the chairman undertook to seek further information from the authorities of the State Department of Health and to report back to the Committee at a subsequent meeting.

Pursuant to this undertaking the undersigned consulted with Drs. Perry, Davens and Ziegler of the Department of Health on January 5, 1955, all of whom were most co-operative in supplying the information requested. On the basis of that information the following statement of the origin and operation of the present practice of the State Department of Health in supplying clinical laboratory services to the people of Maryland has been prepared.

The present organization of the State Department of Health comprises a Bureau of Laboratories under the direction of a chief who at present is Dr. C. A. Perry. The Bureau operates a central laboratory and twelve branch laboratories located in different parts of the State.

Originally established by law to serve as aids in controlling the spread of infectious diseases through the population the function of these laboratories has within recent years been extended to include the provision of clinical laboratory services as aids in the diagnosis of non-infectious diseases. This extension came about in the following way.

At least as early as 1922 the State laboratory or laboratories

were carrying out clinical laboratory examinations on selected groups of individuals for special reasons, but the volume of these examinations was relatively small. The inauguration of the Medical Care Program in 1945 gave great impetus to the movement. Recognizing the necessity of making clinical laboratory examinations available for those receiving care under that program the Council on Medical Care, which advises the State Department on the conduct of the Medical Care Program, approved the payment of additional fees to physicians participating in the program whenever they carry out certain clinical laboratory examinations on Medical Care patients under their care. This practice is still in force.

The Council, however, went even further in this direction. At a meeting held August 20th, 1946, it passed the following resolution:

"In view of the great importance of clinical laboratory services in the development of the Medical Care Program, it is recommended that the Branch Laboratories of the State Department of Health be staffed and equipped to perform such services. To this end, the State Board of Health is urged to provide in the budget for the biennial period July 1947–June 1949 for the equipment and staff, which will be needed for this expansion of laboratory services."

This resolution was presented to the State Board of Health at its meeting held on August 29th, 1946, and the following excerpt is quoted from the minutes of that meeting:

"Dr. Roberts appeared before the Board and presented a resolution adopted by the Council on Medical Care on August 20, 1946, recommending that the branch laboratories of the State Department of Health be staffed and equipped to perform clinical laboratory services. After discussion on motion of Dr. Pincoffs duly seconded and carried, it was ordered that the Board approve this resolution in principle and that there be included in the budget of the State Department of Health for the fiscal years 1948 and 1949 an adequate sum of money to cover the cost of this new function of the branch laboratories."

The Chief of the Bureau of Laboratories, Dr. Perry, has told the undersigned that even before the above action was taken by the State Board the Department's laboratories had already begun to carry out clinical laboratory tests on specimens submitted from patients who were beneficiaries under the Medical Care Program.

Following the action of the State Board of Health as set forth above, funds were obtained from the Legislature which made it possible for the branch laboratories as well as the central laboratory to provide clinical laboratory services as contemplated by the Board, namely, to patients enrolled under the Medical Care Program.

It is important to point out at this point that the State Board of Health was acting on a resolution which recommended the provision of clinical laboratory services to a limited group of persons in the population, that is to say, the indigent and medically indigent enrolled under the Medical Care Program. There was nothing in the original resolution from the Council on Medical Care which said anything about extending this service to persons not enrolled under the program, and indeed the Council on Medical Care would not have been justified in making any suggestions or recommendations dealing with groups other than the beneficiaries of the Medical Care Program.

However, in actual practice, the State Department of Health's laboratories, both central and branch, ever since the State Board of Health's action in August 1946, have carried out clinical laboratory tests on *all* specimens submitted to them by any physicians in the State, regardless of whether or not these specimens have come from patients who were enrolled under the Medical Care Program and regardless of whether or not the patient was financially able to pay a fee for the examination. No attempt has been made by the laboratories to exclude specimens from patients able to pay.

The Chief of the Bureau of Laboratories defends this practice on the basis of his interpretation of that section of the Maryland Law which requires the State Board of Health to carry out certain laboratory examinations and analyses free of cost. He cites a section of the Annotated Code of Maryland (Sec. 35, Article 43) which does indeed give broad powers to the State Department of Health to carry out different types of laboratory examinations. For example, that section of the code reads in part as follows: "... and the services of said laboratory shall be free to all local boards of health and to all practicing physicians of the State for inquiries concerning infectious and contagious diseases and such other matters as the said board may from time to time direct."

The Chief of the Bureau of Laboratories holds that because of the provisions of this law he is not in a position to refuse to examine any specimen submitted by any physician in the State regardless of the patient's ability to pay, if the laboratory has the facilities to carry out the examination requested.

While specimens submitted by physicians with offices in Baltimore have not been refused, there does not appear to have been any concerted effort on the part of the Bureau of Laboratories to make known to the physicians of Baltimore the fact that clinical laboratory services are available to them in the State Department of Health's Central Laboratory without charge. For example, the Bureau of Laboratories issued in August, 1952, a mimeographed pamphlet entitled "Physicians' Guide to the Use of the Laboratory" which was distributed to the physicians in the counties but not to the physicians of Baltimore City. This pamphlet lists on four pages (pp. 14 to 17) the kinds of clinical laboratory examinations which the Central Laboratory is prepared to carry out and the manner in which the specimens are to be collected and sent to the laboratory.

The Chief of the Bureau of Laboratories has stated that some of the physicians of Baltimore now make use of the clinical laboratory services offered by the Central Laboratory even though, as stated above, the physicians of Baltimore as a group have not been circularized concerning the services available. The extent to which the Central Laboratory is used by Baltimore physicians is not known to the undersigned but one gains the impression that it is not as yet of great magnitude.

One thing is clear and that is that the number of clinical laboratory examinations carried out by the Central and Branch laboratories has appreciably increased since 1946, when the practice was officially instituted, even though no effort has

been made to inform Baltimore physicians as a group of the availability of these services. In the last three years there seems to have been a tendency toward a leveling off of the number of specimens submitted but not of the number of tests carried out. In the last year for which figures are available, 1953, the total number of clinical laboratory examinations performed amounted to 211,739. They constituted nearly one-third of all the examinations of whatever kind performed by the State's laboratories during that year, and they were carried out on 67,274 specimens.

Perhaps all of the foregoing information may be summarized by saying that an action originally designed to afford a particular service to a particular group in the State's population has resulted, through administrative interpretation, in the extension of that service to the entire population of the State.

Respectfully submitted,
ALAN M. CHESNEY, M.D., *Chairman*
EVERETT S. DIGGS, M.D.
BENDER B. KNEISLEY, M.D.
President-Elect (not elected until April 1955)
E. PAUL KNOTTS, M.D.
GERALD W. LEVAN, M.D.
ROBERT S. MCCENEY, M.D.
MAURICE C. PINCOFFS, M.D.
CHARLES H. WILLIAMS, M.D.

ADVISORY COMMITTEE TO THE STATE HEALTH DEPARTMENT (1955)

Mr. President and Members of the House of Delegates:

No Report.

Respectfully submitted,
BENDER B. KNEISLEY, M.D., *Chairman* (*President, 1954*)
MAURICE C. PINCOFFS, M.D. (*President, 1953*)
GEORGE H. YEAGER, M.D. (*President, 1955*)
President-elect (*Not elected until April 1955*)
EVERETT S. DIGGS, M.D., *Secretary*
Four General Practitioners:
LAURISTON L. KEOWN, M.D., *Immediate Past President of Maryland Academy of General Practice (1954)*
GERALD W. LEVAN, M.D.
ROBERT S. MCCENEY, M.D.
CHARLES H. WILLIAMS, M.D.

ADVISORY COMMITTEE TO THE STATE ACCIDENT FUND

Mr. President and Members of the House of Delegates:

Early last year the State Accident Fund requested this Committee to submit two names for the position of Medical Advisor to the Fund. As the offices of the Fund are located in Baltimore, it was felt that the Medical Advisor should also be located in Baltimore or vicinity. It was also felt that the Medical Advisor should be a general surgeon, as practically all of the cases upon which he would be called to give advice are general surgical or orthopedic cases. The Committee therefore, sent letters to all Baltimore surgeons (members of the American College of Surgeons and those diplomates of the American Board of Surgery who are not members of the College) requesting that those who were interested in the position inform the Committee accordingly. Twenty-three replied to the effect that they were interested.

The Committee then carefully went over the qualifications of all those interested and selected from the list the following two names to submit to the Fund: Dr. Howard M. Kern and Dr. George A. Stewart. (Dr. Kern, as one interested in the position, did not sit in on the meetings of the Committee while the qualifications of those interested were being considered.) Soon after these names were submitted to the Fund, that body selected Dr. Stewart for the position. He assumed his duties during May, 1954.

Since Dr. Stewart has assumed his duties, we have been informed by the Chairman of the Fund that they are delighted with the manner in which he has performed those duties.

As it was felt that the salary of the Medical Advisor to the Fund ($3,000 per year) was inadequate considering the considerable amount of time his duties required, we recommend to the Fund that the salary be increased to $5,000 per year. This recommendation was immediately acted upon favorably.

During the course of the year the Fund requested this Committee to submit a new list of names of physicians qualified to handle the accident cases of employers insured with the Fund. The Committee felt that these cases would best and most properly be handled by qualified general surgeons and orthopedists. It was known, however, that a good many physicians not coming in those categories were handling cases for the Fund satisfactorily. It was also known that in some sections of the State there were no qualified general surgeons and orthopedists available. At any rate, the list which the Committee submitted to the Fund was a list of all the general surgeons and orthopedists in the State who belonged to the American College of Surgeons, as well as those diplomates of the American Board of Surgery and of the American Board of Orthopedic Surgery who did not belong to the College. At the same time the Committee told the Fund that they could see no objection to continuing the use of those physicians, who were not general surgeons of orthopedists, who had been giving the Fund good service. The fact was also reiterated (already known to the Fund) that in certain localities physicians other than general surgeons and orthopedists would have to be used, because no general surgeons or orthopedists were available.

Respectfully submitted,
AMOS R. KOONTZ, M.D., *Chairman*
GEORGE O. EATON, M.D.
WILLIAM R. GERAGHTY, M.D.
DONALD B. GROVE, M.D.
HOWARD N. KERN, M.D.
RAYMOND E. LENHARD, M.D.
JOHN O. ROBBEN, M.D.
S. JACK SUGAR, M.D.
CHARLES C. ZIMMERMAN, M.D.

TUBERCULOSIS COMMITTEE

Mr. President and Members of the House of Delegates:

The Tuberculosis Committee met 4 March 1955 to discuss problems associated with care of tuberculosis patients in Maryland.

1. Waiting lists for hospitalization for tuberculosis are comprised almost entirely of negroes. A few post-operative negro female patients have been admitted to Mt. Wilson, otherwise Henryton and Baltimore City Hospitals are the only hospitals accepting negro tuberculosis patients.

It is recommended that Negro admissions to Mt. Wilson and all state tuberculosis hospitals be increased as rapidly as possible. This is in accord with policy approved by your body in 1954 that all tuberculosis hospital beds in the state be available to patients regardless of color. (See page 543.)

2. Surgical Divisions of the State Tuberculosis Hospital and Baltimore City Hospitals have not begun operation due to budgetary or personnel problems. For the same reasons 140 beds at Baltimore City Hospitals have not opened. There seems to be a question of responsibility for hospitalization of tuberculosis patients of Baltimore City between the State Health Department, Baltimore City Health Department, and Baltimore City Department of Public Welfare.

It is recommended that legal advisors of your body seek a proper definition of responsibility for hospitalization of tuberculosis patients in Maryland and Baltimore City and forward such information to the health departments, to the director of welfare, and to this committee. (See page 543.)

3. Legislation is pending concerning involuntary hospitalization of cases of tuberculosis considered to be public menaces by health officers and local physicians. There is a possibility this legislation may die "in committee".

It is recommended that your body investigate this situation and do all possible to speed passage of proper legislation as recommended by you in 1954. (See page 543.)

4. It is again felt that private sanatoria handling tuberculosis patients may be handicapped by present application of a "means" test. Evaluation is in order with probable elevation of minimum income requirements before patient supplementation is necessary.

5. This Committee has sent information concerning pattern of chest clinic-physician arrangements on follow up of patients reporting for chest x-rays, as practiced in Baltimore County, to all component units of this society. This is in accord with recommendation approved by your body in 1954. (See August, 1954 Transactions issue, pages 411, 412.)

6. Tuberculosis death rate in Maryland continues to decline. However, the number of new cases found yearly remains about the same with 1,366 cases reported in Baltimore in 1954 differing little over reports for the past 5 years.

It is recommended that full scale efforts be maintained or increased with respect to case finding, diagnosis, isolation and early treatment of tuberculosis, a communicable and therefore a preventable disease. (See page 543.)

Respectfully submitted,
LAWRENCE M. SERRA, M.D., *Chairman*
EDMUND G. BEACHAM, M.D.
OTTO C. BRANTIGAN, M.D.
A. MURRAY FISHER, M.D.
LEON H. HETHERINGTON, M.D.
H. VERNON LANGELUTTIG, M.D.
ISADORE B. LYON, M.D.
JOHN E. MILLER, M.D.
HUGH WELCH, M.D.
HUGH G. WHITEHEAD, M.D.
SAMUEL WOLMAN, M.D.

COMMITTEE ON VETERANS' MEDICAL CARE

Mr. President and Members of the House of Delegates:

Dr. Amos R. Koontz very kindly attended the Conference of State Committees on Medical Care of Veterans in Chicago on February 19, 1955 for the Maryland State Committee on Veterans Medical Care. He has submitted a four page report including discussions of the following topics: "Home Town Care Program"; "Positions of Legislators"; "Stay in Hospital"; "Non-service Connected Cases Who Cannot Afford Private Hospitalization"; and other problems.

This Committee will study Dr. Koontz' summary and report to you at a later date. There have been no meetings this year.

Respectfully submitted,
RALPH G. HILLS, M.D., *Chairman*
ERNEST I. CORNBROOKS, JR., M.D.
RAYMOND M. CURTIS, M.D.
R. WALTER GRAHAM, JR., M.D.
HARRY C. HULL, M.D.
AMOS R. KOONTZ, M.D.

ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

Mr. President and Members of the House of Delegates:

During the past year, the Committee has stood by to be of help when requested by the officers of the Woman's Auxiliary. On several occasions matters have arisen upon which advice has been sought and through the chairmen advice has been given, either verbally or in writing. No matters affecting major policies, as far as the Faculty is concerned, have come up.

Respectfully submitted,
SAMUEL MCLANAHAN, M.D., *Chairman*
ALBERT E. GOLDSTEIN, M.D.
JOHN G. BALL, M.D.

COMMITTEE TO STUDY BLUE CROSS AND BLUE SHIELD

Mr. President and Members of the House of Delegates:

A questionnaire was prepared by the Committee to study Blue Cross and Blue Shield in the State of Maryland. 2,442 copies were mailed to the individual members of the Medical and Chirurgical Faculty on September 17, 1954. 872 of these questionnaires were returned. Therefore, this report is based on the opinions of 35.7% of the membership of the Society.

The Committee met on January 19, 1955 after a statistical compilation of the questionnaires had been prepared. All members were present except one who was not in the United States at the time. Several hours of review finally led to the compilation of this report to the 1955 House of Delegates.

* * * * *

Geographical location of physicians: 10% of the returns were from rural physicians and 90% from physicians practicing in urban and suburban localities. 61.5% of the total returns were from physicians practicing in Baltimore city.

Specialties vs. general practice: The natural location for the specialist is in the urban and suburban area. Inasmuch as 90% returns were from these areas, it follows that the large percentage of returns were from specialists. The following figures show this ratio.

SPECIALTIES VS. GENERAL PRACTICE ACCORDING TO LOCATION

	Urban & Suburban	Rural	Baltimore	State Totals
Specialties	87%	17%	85%	71%
General practice	13%	83%	15%	29%
Totals	100%	100%	100%	100%

The rural physician has fewer patients enrolled in the Blue Cross and Blue Shield, hence their reports were lacking in information on certain questions. 38% of the rural physicians expressed the need for increased enrollment of subscribers in their localities. Perhaps the lack of interest in the subject by 8% of the rural physicians could be laid to the same low rate of enrollment of their patients. Many of the rural doctors are equipped to practice minor office surgery and X-Ray. Distances to hospitals are long and inconvenient for both patient and rural doctor. There were several expressions for office insurance coverage for minor surgery and X-Ray in the rural areas on the basis of convenience.

DOCTOR'S EXPRESSIONS OF PATIENT'S REACTION TO BLUE CROSS

This was favorable in 97% of the returns and fair in 3%. No physicians reported unfavorable comments from patients. 6% of the patients wanted to have Blue Cross include admissions for diagnosis. Most of these were from the internal diagnostician as one would expect. The other major source of this complaint was from the general practitioner. Desire for office coverage was expressed by 2% of the patients, mostly in the returns from general practitioners, orthopedists, radiologists and one dermatologist. 12% of the patients asked for broader hospital coverage to include in addition to diagnostic admission, full anesthesia benefits, and higher private room allowance. Many felt that the amount allowed for semi-private rooms should be applicable toward private rooms. Another emphatic complaint was that the Bethlehem Blue Shield plan did not cover medical admissions. 12% of the physicians stated that their patients did not understand their policies and that the doctors had to take the time to straighten out misunderstandings. The doctors object to this and suggested that the Blue Cross authorities remedy the situation. Another request from the physicians up to 2% of the returns was the need for more semi-private beds. They were forced to either wait until one became available or their patient had to take a private room with added hospital expense. Another 2% expression concerned the cost of Blue Cross. This small group thought it too high.

DOCTOR'S EXPRESSIONS ON PATIENT'S REACTION TO BLUE SHIELD

The public found Blue Shield satisfactory in 85% of the returns, fair in 13% and poor in 2%. 8% of the patients expected full payment of their doctor's bills under all conditions and 4% did not seem to understand their policies. The radiologists, anesthetists and psychiatrists are not included in the Blue Shield program and they did not answer this question in 50% of the returns. The percentage of favorable replies according to specialty breakdown ran about the same as the general 85% figure except that the surgeons reported their patients 93% satisfied.

DOCTOR'S REACTION TO BLUE CROSS

98.7% of the physicians favored Blue Cross. The anesthetists and radiologists have long been petitioning locally and nationally for fee for service rather than the present arrangement whereby they are considered a hospital paid group. 80% of the radiologists were not favorably impressed with Blue Cross for this reason. 50% of the psychiatrists were not favorable to Blue Cross because they were not able to admit patients to hospitals with insurance coverage. The anesthetists unfavorable reaction ran 70%. The figure for favorable reaction to Blue Cross with the anesthetists, radiologists and psychiatrists deleted was 95% physician satisfaction.

COMPARISON OF PHYSICIANS FEES TO THE BLUE SHIELD FEE SCHEDULE

12.6% of the returns lacked replies to this question. In others, the physicians gave samples of their personal fees compared to the Blue Shield schedule. The following table shows percentages of fees higher, the same and lower according to physicians type of practice.

Practice	Higher	Same	Lower
General	25%	60%	13%
Internists	60%	35%	5%
General Surgery	90%	10%	—
Ob. Gyn.	92%	8%	—
Nose & Throat	90%	10%	—
Orthopedics	83%	17%	—
Unstated	84%	16%	—
Totals for All Physicians	60%	35%	5%

The percentages are not given for the other specialties because the number of returns were numerically small and the shift of one answer would distort the results. However, these specialties showed that in each the majority charged

higher fees. The internists in 50% of the replies felt that their specialty was not remunerated in proportion to the surgeon. Another general comment was that the entire Blue Shield fee schedule was too low.

Falsification of Income by Subscribers Claiming Full Service Benefits

The following table gives the figures according the type of practice.

Practice	Falsify	Probably Falsify	Do not Falsify	Don't Know
General	11%	11%	50%	28%
Internists	18%	13%	36%	33%
Nose & Throat	30%	10%	30%	30%
Ob. Gyn.	39%	13%	20%	28%
Surgery	43%	9%	26%	22%
Pediatrics	5%		41%	54%
Unstated	30%	8%	30%	32%
Other Specialities	16%	9%	20%	55%
Totals for All Physicians	22%	10%	31%	37%

The pediatricians, internists and general practitioners reported the least falsification. This correlates the expression by the same groups replies to the question on fees being higher. Perhaps there is a relationship between the doctors bill, the amount allowed by Blue Shield and the urge to falsify. If the doctor's charge to patients in the over $4,000 income bracket exceeds the Blue Shield allowance, the urge to check the income level below $4,000 becomes great. There were many comments on this subject and it is apparently one to be solved one way or another.

Doctor's Experience in Collecting Balance of Fees over Blue Shield Payments

The experience of the physicians appears below in the table according to type of practice.

Practice	Have Difficulty	Occasional Difficulty	No Difficulty
General	20%	10%	70%
Internists	22%	18%	60%
Nose & Throat	56%	12%	32%
Ob. Gyn.	20%	42%	38%
Pediatrics	20%	5%	75%
Surgery	30%	35%	35%
Unstated	34%	19%	47%
Totals for All Physicians	26%	21%	53%

All groups have difficulty between 20% and 30% except the nose and throat specialty. This fact is pointed out without comment. It would seem however that there is no parallel to be drawn between the tables on falsification and fees over and above Blue Shield rates with the experience in collecting the balance of fees over Blue Shield payments.

Doctor's Reaction to the Height of Full Benefit Income Level

18% of the returns did not answer this question. 4% of those who answered were against any full benefit income level, preferring the indemnity type of policy whereby Blue Shield paid according to their schedule a certain amount toward the doctor's bill in all cases. The remaining 78% expressed their opinions as follows: on the family income level of full benefit income.

Keep the present $4,000 level	70%
Willing to raise to $4,500	7%
Willing to raise to $5,000	18%
Willing to raise to $6,000	5%
	100%

A few doctors felt that the raise from $3,600 to $4,000 was not according to the original contract made when Blue Shield was inaugurated in Maryland. Many expressions in the group favoring the $4,000 level were to keep it here by all means.

The alternate to the full benefit income level type of insurance is the indemnity type which all insurance companies operated privately write. A poll taken in 1948 by the Baltimore City Medical Society favored this indemnity type plan as the one preferred by 80%. However, the Full Benefit plan was accepted by the doctors. In this poll, 30% still prefer the indemnity type plan and 70% are willing to keep the present full benefit type plan. 12% of the physicians did not know the difference between the plans and 9% did not answer the question. Apparently about one fifth the physicians are not clear on the question of full benefit and indemnity insurance.

Doctor's Expression on Discrimination against Certain Branches of Medicine, Blue Shield Plan

15% of the returns were unanswered on this question. The various specialties differed widely as follows:

Practice	*"Yes" to Discrimination*
General	57%
Internists	74%
Nose & Throat	50%
Ob. Gyn.	60%
Pediatrics	60%
Psychiatry	95%
Anesthesia	50%
Surgery	48%
Orthopedics	27%
Totals for All Physicians	58%

The radiologists did not answer this question at all. The general practitioners in the cities answered "yes" 53% and in rural areas 60%. Reasons for feeling that there was discrimination were the lack of medical coverage, wide differential between surgical and medical fees, need for office coverage and certain branches not being covered.

Representation of Physician at the Labor-Industry Bargaining Table for Medical Services

94% of the doctors felt that the medical profession should be represented when labor and industry arbitrated for medical services. This question was answered by all but 5% of the returns. The overwhelming affirmative vote on this question needs comment. Does the medical profession really want such representation? The representatives of labor and industry speak for their constituents as a group. Labor and industry following a decision abide by that decision with unification. The industrial corporation is a unit. The labor union is a unit. The medical profession in the state of Maryland is made up of over 2442 individuals, far from unified, operating as individuals, practicing various types of medicine in diversified areas under assorted conditions. This questionnaire has shown repeated differences of opinion on the several questions asked. Would the individual doctor feel satisfied to abide under a labor union-management contract made with the assent of any medical representative if any one of us would assume the responsibility. Does this answer of 94% in favor of the medical profession sitting down with labor and management really mean that we as a group are not at all versed with the finesse of the bargaining table and would be at the greatest disadvantage. Are we not therefore better off with the privilege of deciding individually or as an independent profession to take or leave the proposals made between labor and industry? These are questions for medicine to debate and study.

Summary

The committee has made a study of Blue Cross and Blue Shield in the State of Maryland. The compiled information used in this study came from the replies to a questionnaire returned by 35.7% of the membership of the Medical and Chirurgical Faculty of Maryland.

The committee presents the report to the 1955 House of Delegates without recommendations or resolutions. It is our hope that the information contained herein may be useful in charting the future course for the physicians of Maryland in their deliberations and decisions concerning participation in all forms of hospital and medical health insurance including Blue Cross and Blue Shield.

Respectfully submitted,

Marius P. Johnson, M.D., *Chairman*
Wilson Grubb, M.D.
Mr. George B. Hess
William D. Noble, M.D.
Mr. Charles H. Roloson, Jr.
Bernard O. Thomas, Jr., M.D.

COMMITTEE TO CONFER WITH BLUE CROSS AND BLUE SHIELD IN REGARD TO RADIOLOGICAL SECTION AND MARYLAND RADIOLOGICAL SOCIETY RESOLUTION OF APRIL 26, 1954*

Mr. President and Members of the House of Delegates:

This Committee has pursued, with considerable vigor, the problems brought to the attention of the President and the House of Delegates by the above resolution. During the past year a number of meetings have been held. These included two formal meetings between the committee and the administrators of Blue Cross and Blue Shield and a number of smaller meetings between individual members and the Executive Director, Mr. R. H. Dabney. The last of these formal meetings was held on March 10, 1955 between the committee and representatives of the Board of Trustees of both Blue Cross and Blue Shield.

In order to properly evaluate the recommendations at the end of this report, the arguments and proposals setting forth the Medical Profession's position in this controversy follow herewith in considerable detail.

The Committee wishes to acknowledge the assistance of Mr. Melvin Sykes, Counsel for the Maryland Radiological Society, for his valuable contributions in collecting and presenting this material.

Since prepaid hospital care and prepaid medical care were organized, the problem of what is to be covered and what is not to be covered, and by whom, has plagued insurance people, hospital boards, and the medical profession. Originally most of the hue and cry was raised by several of the smaller specialty groups—particularly radiologists and pathologists, but more recently they have been joined by others—the internists, the general practitioner, the obstetrical and gynecology groups, and the surgeons, all of whom are beginning to see that certain trends in insurance practices are threatening their professional independence. One group feel they are being slighted as specialists and consultants, another feel they have been slighted in regard to fees, and still another feel that their services are being peddled to the public for profit by lay groups and hospital corporations.

This controversy has smouldered along for years. The files of the Medical and Chirurgical Faculty and the various radiological and pathological sections are crammed with correspondence of all kinds; i.e., requests, proposals, threats, promises, and resolutions and counter resolutions—but nothing has been accomplished. So far as we know, there has not been a single constructive alteration in the insurance program in Maryland aimed at solving any of these medical specialty problems—with the single possible exception of anesthesia—and even that remains grossly out of balance as between Blue Cross and Blue Shield coverage.

Several years ago the American Medical Association began to realize that the laments and complaints of their radiologists and pathologists—that their medical specialty was being dominated, controlled, and, yes, even sold by lay hospital boards and corporations was actually a fact, and they further began to realize that a very definite program was already in the making to take over and control any and all types of hospital medical practice wherever it could be accomplished. To those of you who read the daily papers and magazines, the continuation of this controversy is not news. It is likewise perfectly obvious that it is not diminishing in either scope or intensity. It is true we have had agreement between the American Medical Association and the American Hospital Association on what is a medical service and what is a hos-

* See page 545 of House of Delegates Minutes.

pital service. But in a dozen or more states where the matter has been taken to the Attorney General, the opinions handed down without exception have upheld the Medical Practices Act and rendered illegal the domination and control and sale of radiological and pathological medical services by lay hospital boards. Recently, in the States of Colorado and Iowa, the radiologists and pathologists reached the end of their patience, and their disagreement has been taken to the courts. Whatever the outcome the result is confusion and bitterness on both sides and a bad taste in the public's mouth concerning both the medical profession and the hospitals.

However, the Committee wishes to emphasize and make perfectly clear that none of us, radiologists, pathologists, and medical men in general wish to do anything that would jeopardize the functioning of a sound medical and hospital insurance program. We all realize that with the high cost of medical care it is an absolute necessity in many income brackets. On the other hand, there are admitted inequities and obvious faults in the present Maryland Hospital and Medical Service Plans which result in gross discrimination against the private practitioner of certain specialties, which leave uncovered vital therapeutic and diagnostic procedures for the subscriber to pay for as best he can, and which allow hospital governing boards to buy and sell professional medical services. These shortcomings have been the subject of hundreds of letters, dozens of meetings, and a whole flock of resolutions and promises, but the situation has not improved. We see the same problems being solved in other parts of the country, and the great majority of them have been successful—we would like to see the same effort in Maryland.

In Maryland Blue Cross covers pathology and x-ray diagnosis and Blue Shield covers only anesthesiology. The reasons for the situation in Maryland are largely historical. Blue Cross developed in Maryland many years before Blue Shield and covers about four times as many subscribers as Blue Shield. When the Blue Cross plan was first developed, there was strong pressure to include benefits covering these medical specialties because of their close connection with a patient's hospitalization and because it might have been difficult to sell the Blue Cross plan unless the plan covered some of the more significant expenses connected with hospitalization. If these expenses were to be covered at all they had to be covered in Blue Cross because there was no Blue Shield.

The Blue Cross plan in Maryland, therefore, provided these benefits for a number of years before the Blue Shield medical service plan commenced business late in 1950. Even though the medical care plan has been in existence since that time, we recognize that there are practical difficulties in the way of transferring benefits in these specialties to this plan from Blue Cross. We think these difficulties may perhaps be over-rated, and that one way to sell more Blue Shield subscriptions to Blue Cross members, and provide really comprehensive coverage, might be to take out of Blue Cross what properly belongs in Blue Shield, and to make Blue Shield more worth buying. Be that as it may, however, it is true that the cost of hospital care has been constantly rising; and to reduce Blue Cross coverage while at the same time possibly increasing rates, would involve Blue Cross, at least, in a rather difficult problem of salesmanship. Moreover, the great majority of Blue Cross members do not have Blue Shield protection and would be completely deprived of benefits in these fields if their coverage in Blue Cross were to be transferred to Blue Shield.

For these and other reasons the members of these specialties who were opposed to Blue Cross subsidy of the furnishing of these medical services by hospitals, have failed for some time to make their opposition effective. Recently, however, the situation has been changing. Opinion has been crystallizing among the medical profession, and subsidy of hospital-furnished medical services of any kind is now regarded as a threat to the integrity of the profession. The so-called "full time system" has been expended in some hospitals to include not merely these specialties which have been rather closely connected with hospitals, but also internal medicine, survery and obstetrics. The medical profession has come to realize that if the hospitals continue to furnish more and more medical services which are subsidized by the Blue Cross, the result will be the death-knell of the individual private practice of medicine. The American Medical Association and various state societies have therefore adopted resolutions calling for radical steps to halt the present trend, and insisting on the removal of benefits relating to all medical services, including radiology, pathology and anesthesiology, from Blue Cross and their coverage in the Blue Shield plan; and last year the national conference of the Blue Shield plan representatives overwhelmingly passed a resolution to the effect that such coverage should be provided solely in Blue Shield.

In many states the conflict of interests has erupted into the legal forum. In the last five years or so the Attorneys General of more than a dozen states have published opinions holding that a hospital corporation, either profit or non-profit, is in violation of state medical practice laws when it charges and collects a fee from patients for medical services, including radiology, pathology and anesthesiology, performed by a physician employed by it; and the courts throughout the country have generally held to the same effect. It has also been held that it is unethical for a physician to be party to such an arrangement with a hospital and that the State Board of Medical Examiners may revoke the license of physicians who participate.

We have carefully reviewed the Maryland law, including the statutes of the relevant opinions of the Attorney General, and of the Court of Appeals, and find that this state, with immaterial exceptions for charitable services and services by physicians in training, is in accord with a great majority of other states on these points. Where this is the law, a Blue Cross plan which covers the services in question as hospital services would be guilty of aiding and abetting the illegal practice of medicine; and if the matter were pressed, these services would have to be removed from Blue Cross with violent and perhaps disastrous suddenness.

Legal proceedings, however, even though they would probably completely vindicate the position of the medical profession, are not, from anybody's point of view, the most desirable solution. First, it would be unfortunate if the adjustment were to come with such violence that it might seriously harm the present hospital insurance system in this state. Secondly, the bitterness incident to such a solution would contaminate the

climate of medical practice and should be avoided at every reasonable cost. Finally, such a radical solution is not necessary if the interested parties attempt to understand each other and are willing to make the mutual compromises necessary for an equitable solution.

It is true that the conflict between the medical profession and the hospitals and, let it be admitted, with Blue Cross insofar as Blue Cross facilitates or perpetuates the furnishing of medical service by hospitals, is both deep and fundamental. This does not mean, however, that it is insoluble or that a working compromise cannot be reached. The accomplishment of this result requires an analysis of the interests of the medical profession, the hospitals, and the insurance plans in the light of the paramount interest of the public. This analysis will be different for the different types of medical service involved.

First, let us consider x-ray therapy. Benefits for such therapy are not now provided in Maryland by either Blue Cross or Blue Shield. In contrast to the situation in Maryland, almost one-half of the Blue Shield plans have x-ray therapy benefits, and the trend is certainly in that direction. The lack of coverage for x-ray therapy is extremely harmful to the good practice of medicine. Where, as is the case in Maryland, Blue Shield provides coverage for surgery but not for x-ray therapy, there is serious economic pressure on the members of the plan to resort to surgical procedures, although from a strictly medical point of view, x-ray therapy may be the more desirable method of treatment depending on the specific case. Moreover, x-ray therapy may often be done on an ambulatory or out-patient basis, whereas surgery generally requires hospitalization and thus increases the cost and the premiums of the Blue Cross program.

The absence of x-ray therapy from the Blue Shield benefits seems really to be indefensible; and, according to the communications which have been received from the Executive Director of the Blue Cross-Blue Shield plans in Maryland, Blue Shield is contemplating the inclusion of such benefits. The medical profession would welcome such a step. Here is an area, then, where there is agreement in principle. The only problem relates to mechanics, and with a minimum of cooperation it should not be at all difficult to work out. In this connection, however, we wish to make clear that we are strongly opposed to the expansion of Blue Cross to provide for the coverage of x-ray therapy only within the hospitals unless coverage also extends to patients in the private radiologist's office and similar therapy benefits are added to Blue Shield. Otherwise, this would be a gratuitous extension of Blue Cross coverage of medical services for which there would seem to be little justification.

A much more difficult problem is raised by diagnostic x-ray. X-ray diagnosis is now covered (1) where provided in connection with medical or surgical care requiring hospitalization and (2) for a period of twenty-four hours after an accident. The post-accident coverage is provided only to out-patients of hospitals and both types of diagnostic coverage are provided only in Blue Cross.

Limitation of diagnostic x-ray benefits to cases of hospital admissions or to hospital out-patients has several very serious disadvantages. First, it tends to prevent the furnishing of the best medical service. The attending physician should have the widest possible latitude as to his choice of a specialist to whom the patient is to be referred for diagnostic assistance. This latitude is curtailed under the present Blue Cross plan because the patient must be hospitalized in order to obtain diagnostic benefits, and both he and the attending physician must be content with the service of the hospital's radiological department such as it may be.

Secondly, under present conditions, there is a strong temptation to abuse, resulting in a large number of unnecessary hospital admissions primarily for the purpose of x-ray diagnosis, which have increased the expenses of the Blue Cross plan. It should be a matter of major concern to Blue Cross itself that the plan is being abused by hospitalization for essentially exploratory x-ray and laboratory procedures. When this happens, the plan must bear not only the cost of these radiological and laboratory services, which, strictly speaking, were not intended to be covered, but also there is added to the expense of hospitalization all the other costs incident to the admission and the occupancy of a hospital bed. Moreover, the patient himself must often lose time and money which he would not have to lose if he could be treated on an ambulatory basis.

Thirdly, as a consequence of the concentration of radiological and laboratory services which the operating policy of Blue Cross has helped to build up in the hospitals, hospital facilities are overloaded and the quality of medical practice in the hospitals necessarily suffers. The X-ray Department in a hospital becomes "overhead" which will be spread as thin as necessary to handle the case load which the hospitals have committed themselves to handle, and Blue Cross has committed itself to pay for. The radiologist or pathologist in the hospital may not determine his own case load upon considerations of effective medical practice and in light of the problems of his individual patients, but the department becomes impersonalized. Time is budgeted in terms of the over-all job of handling the requisite number of cases. The decisions in individual cases tend to be influenced more by administrative considerations relating to the department as a whole than by the specific needs of individual patients; and the unnecessary admissions for x-ray diagnosis restrict the number of beds available in real emergencies.

Finally, the worst vice of the present situation is the shocking discrimination which is worked against private practitioners of radiology and pathology. The private practitioner, whether in individual or firm practice, is, of course, the backbone of any profession; and private practice is being seriously harmed as a result of current insurance practices because as the number of persons covered increases, the economic pressure exerted by the plan to obtain x-ray and pathological service from hospitals means a flow of cases out of private offices and into already overburdened hospitals. It is significant that because of this pressure and the large overhead necessary for private radiological practice, about only one newly accredited radiologist enters private practice for every five who accept employment in a hospital, which is the complete reverse of the situation as it existed 20 years ago, before the advent of Blue Cross as a serious factor in the economics of medical practice.

What then can be done? Ultimately, we believe that the profession and the public will insist that coverage in these

specialties be taken out of Blue Cross and put into Blue Shield. Already, a start has been made in anesthesiology, which is in both plans. If the total number of persons covered by each of the two plans were nearly equal, there would be nothing unfair or impractical about making this change immediately. However, there is an objection to such a change at the present time which must be conceded to have considerable force. As long as Blue Cross has so many more members than Blue Shield it would be difficult to take away from a great many Blue Cross subscribers a valuable benefit which they have come to expect and rely upon, when such subscribers would not receive the corresponding benefit from Blue Shield because they are not members of that plan. It is therefore recognized that until the total number of persons covered by the two plans is substantially equal, there are serious practical difficulties in the way of removing diagnostic x-ray and pathology benefits from Blue Cross.

It is suggested, therefore, that a short range solution would be to provide additional coverage for these specialties in the insurance plans for cases handled in the specialist's private office. This will alleviate the discrimination against private radiologists and pathologists and will reduce the overloading of hospital facilities to an extent that may balance and even outweigh the additional costs to Blue Shield for coverage in the physician's office. It would reduce the occupancy of hospital beds solely for diagnostic purposes and free the hospital for more effective service in the more serious cases. It would increase the range of choice of available specialists in any particular case, and it would enable patients who really do not need hospitalization to obtain the necessary medical attention at the expense of the plan without the loss of time and money involved in complete hospitalization.

There is a strong trend in this direction. Last year in the United States and Canada, while twenty-seven Blue Shield plans did not cover diagnostic x-ray, fifty plans did, and of these fifty Blue Shield plans forty-three included benefits for x-rays in the physician's office. We understand that Maryland Blue Cross and Blue Shield have, from time to time, recognized the desirability of coverage in the physician's office and have been called upon to waive the requirements that the subscriber be hospitalized or that the work be done in the hospital.

There are several practical considerations which must be taken into account in working out the mechanics of the extension of radiological and pathological benefits to the physician's office. The first is that Blue Cross is traditionally a service benefit plan; that is, the premium of the members is to cover the full cost of the service furnished by the plan and there is to be no charge to the patient over and above what the plan pays out; and anything less than full service benefits which might be provided by Blue Shield would represent an undesirable feature from the point of view of the plan. This would not be a fatal objection even if the traditional Blue Shield approach of service benefits within specified income groups were adopted for diagnostic x-ray. Even under such an approach, the inclusion of diagnostic x-ray in Blue Shield would represent a desirable step forward; and the dollar limit now in Blue Cross for post-accident x-ray benefits and in non-member hospitals and maternity and anesthesia benefits represents a compromise so far as the service benefit principle is concerned. We are sure that a schedule can be worked out which would not involve the insurance plan is any greater expense than the Blue Cross plan now bears for strictly radiological services, independent of other costs of hospitalization.

The second problem is created by the fact that the Blue Cross covers a greater number of people than Blue Shield, and the practical effect of placing in-office coverage solely in Blue Shield would be to deny such coverage to many Blue Cross subscribers. Obviously there is some necessity for adjustment here. Solutions have been reached in other areas which may be useful in this state. Thus, in Nebraska and Kansas City, Missouri, diagnostic radiology benefits are offered in the Blue Cross contract, either as part of the contract or as a rider; the actual service is provided by Blue Shield and Blue Cross reimburses Blue Shield for its expenses. Blue Cross includes in its total premium an amount sufficient to make this reimbursement. In Michigan, Blue Shield issues a special policy with the desired coverage which is sold as part of the Blue Cross contract. The subscriber pays a single premium to Blue Cross, which is under contract with Blue Shield to reimburse it for the expenses of performance of the special Blue Shield policy.

The most serious problem involved in expanding diagnostic x-ray and pathology to the physician's private office is that presented by the necessity for restricting excessive utilization of office procedures by physicians and patients. This problem does not arise in connection with x-rays within a short period after an accident. The requirement of antecedent trauma is sufficient to prevent an excessive draw on the plan, and x-ray benefits in such cases are now provided for hospital outpatients. There is really no reason why they should not be provided in the radiologist's office, and we understand that the Blue Cross plan is often called upon to make exceptions to its general policy and cover diagnostic post-accident x-ray in the physician's office. We understand that there is agreement in principle that this benefit should be so extended. In this connection, however, we submit that the benefit should be strictly a Blue Shield benefit both in and out of the hospital. To inject the hospital into the field of ambulatory patients is unnecessary and is contrary to the basic idea of Blue Cross as a catastrophic hospitalization plan. The actual benefit provided by present coverage is rather slight and it would be a welcome gesture so far as the medical profession is concerned if, at least in this field, which presents no serious obstacles to the removal of a medical service from Blue Cross to Blue Shield, this removal be accomplished promptly. Such removal would, of course, be reflected in a lower Blue Cross premium, or would at least cut down any necessary increase.

With regard to diagnostic x-ray other than in accident cases, it is clear that unless some restriction is placed upon the types of diagnosis to be insured, diagnostic x-ray and pathology would be completely uninsurable services.

One or more of the following methods have been successfully used to provide the necessary protection to the solvency of the plan. First, the plan may provide for "deductible" coverage, that is the plan could provide for diagnostic x-ray services in excess of X dollars per year. The plan may also provide for a dollar ceiling for any year. The Blue Shield benefit may be offered as a rider instead of as part of the basic policy and given to those only who elect to pay the extra

premium for it. The policy may restrict coverage to cases where a specified tentative diagnosis has been made by a physician and the patient is referred by this physician to a qualified specialist in radiology or pathology who restricts his practice to that specialty. These so-called "referral" and "qualified specialist" restrictions are in effect in various places throughout the country and may be combined with a provision that payment will be made only for those examinations which have been reviewed by a committee of medical specialists and found to have been competently done. These possibilities indicate that methods are available for expanding Blue Shield to include diagnosis in the office. While caution is certainly justified, it is the feeling of the medical profession that some steps should be taken toward this goal since any such steps, however cautious, would be steps in the right direction.

The aforegoing observations relate to the standard contracts of the insurance plans here in Maryland. The resolution pursuant to which this Committee was created and the Committee itself also addresses itself to the problem of special contracts with large buyers, which the insurance plans have been providing here in Maryland; and the resolution instructs this Committee to undertake negotiations to formulate a plan for complete medical coverage under Blue Shield to be presented to large group insurance buyers. It would seem that in this restricted field the obstacles to accomplishment should be less serious than in the case of the standard contract, and that, in any event, diagnostic x-ray and pathology could be covered under Blue Shield for both hospital and office.

It is obvious, of course, that the suggestions outlined above are not a full answer to the entire problem. There will remain problems of the relationship between the physicians in the specialties affected and the hospitals. These relations are properly handled directly by the hospitals and the physicians who are the parties affected. It should be pointed out, however, that the present practices of the insurance plan are not really neutral, but weight the scales heavily against the private practice of medicine. If the serious inequities in the workings of present Blue Cross and Blue Shield policies are set right, the problems of the relationship between the medical profession and the hospitals will be immeasurably simplified.

The Committee wishes to make the following recommendations:

1. That a permanent committee be set up to pursue these problems to their conclusion.

2. That the membership of the committee include a preponderance of medical members of the specialty groups most vitally affected.

3. That the Maryland Medical and Chirurgical Faculty request a semi-annual report from the Board of Trustees of the Maryland Hospital Service Incorporated and Maryland Medical Service Incorporated pertaining specifically to these problems and what has been accomplished toward their solution. These reports are to be submitted approximately one month prior to the annual meeting and the semi-annual meeting and that these reports be made a matter of routine business at these meetings.

4. That the appointment of members of the society to fill medical vacancies in the above mentioned Board of Trustees be made only after an investigation of the qualifications of the candidate and his full knowledge of and interest in these controversial problems is known and approved.

In conclusion the Committee wishes to emphasize again that these difficulties no longer involve only the smaller specialty groups so closely associated with hospitalization; that is radiology, pathology and anesthesiology, but unless the present trends are reversed all hospital medical practice in all its subdivisions may eventually be dominated, controlled, and sold by hospital corporations and the lay boards.

Respectfully submitted,

EDGAR T. CAMPBELL, M.D., *Chairman*
WEBSTER H. BROWN, M.D.
GEORGE G. FINNEY, M.D.
HENRY L. WOLLENWEBER, M.D.
I. RIVERS HANSON, M.D.

COMMITTEE FOR BETTER DISTRIBUTION OF DOCTORS THROUGHOUT THE STATE

Mr. President and Members of the House of Delegates:

No report will be available for this meeting.

Respectfully submitted,

ALLEN F. VOSHELL, M.D., *Chairman*
E. I. BAUMGARTNER, M.D.
A. M. FRANCE, M.D.
DAVID J. GILMORE, M.D.
EDWIN B. JARRETT, M.D.
LOUIS ROBERT SCHOOLMAN, M.D.

COMMITTEE TO STUDY THE MEDICAL CARE PLAN

Mr. President and Members of the House of Delegates:

Pursuant to a resolution passed by the House of Delegates September 30, 1954, Dr. B. Kneisley appointed a committee of five "to investigate the Medical Care Plan and report back to the House of Delegates." This Committee consisted of Dr. Richard T. Shackelford (Chairman), Drs. F. Donald Woodruff, Wilson Grubb and Robert C. Kimberly, all of Baltimore City, and Dr. Charles F. O'Donnell of Baltimore County.

The discussions, reports and statistics from which this report is made, are filed in the Medical and Chirurgical Faculty building for any interested reader to examine.

The Maryland Medical Care Plan is divided into two separate, autonomous plans (7), one for the City and one for the Counties. Each of these plans has its own administration and budget entirely independent of the other, and each has a different method of operation so as to fit the local conditions that differ in Baltimore City from those present in the Counties. Both plans are totally financed by taxes and therefore subject to State government control.

The Baltimore City Plan will be considered first. This plan takes care of the *indigent only*. The medically indigent of Baltimore City are not neglected but are adequately cared for by another agency, the Department of Public Welfare, with its own administration and appropriation. Care of the medically indigent of Baltimore City is outside the directive for the scope of this study.

The Baltimore City Medical Care Plan is a capitation plan, administered by the City Health Department, and which works in the following way. All indigents are distributed

among and assigned to the seven Medical Clinics staffed by the following seven hospitals in Baltimore City (9).

TABLE 1

University	4,536	
Johns Hopkins	10,311	
South Baltimore General	2,700	
Sinai	1,632	
Provident	2,533	
Mercy	2,133	
City Hospitals	1,264	(Foster children only)
Total	25,109	

Each of these clinics (except the City Hospitals which will be excluded from further discussion as it cares only for foster children and receives no money from the Medical Care Plan) receives $10.00 per indigent person per year, in return for which it contracts to furnish a staff that will perform a physical examination on each assignee (well or sick), and then assign that person to a participating private doctor of the assignee's choice and furnish the doctor routinely with all the findings (physical, lab, x-ray etc.) made at that or subsequent clinic examinations. Furthermore, that without additional charge the clinic will make whatever further special examinations, including specialist consultations, that the private practitioner requests and report the findings to him or hospitalize the patient (at the State's extra cost) if necessary or desirable. Each clinic is set up separate from the regular hospital O.P.D., has its own paid administrator, professional and clerical staffs, and in some instances rented quarters outside of the hospital.

Each participating private physician receives $7.00 per annum per indigent assigned to him, in return for which he agrees to see that person in his office or their home, as indicated. He can send them to the clinic for consultations or special examinations without charge whenever he desires. He is not required to have his calls covered when off-call or otherwise unavailable. In these circumstances the patient can go to the clinic during its working hours, or to a hospital accident room if the clinic is closed. (At additional cost to the plan.)

The total cost to the taxpayer of the Baltimore City Medical Care Plan, including its administration, for 1954 (9) was:

TABLE 2

Hospitals	$237,205.95	
Dental Services	12,738.00	(fee for Service)
Private Physicians	165,191.03	
Drugs	198,378.03	
Eyeglasses	5,306.10	
Administration (State)	28,701.50	$54,556.50
Administration (City)*	25,855.00	
Total	673,375.61	

* Estimated cost of office facilities furnished by City Health Department

The above sum was spent on an average monthly enrollment of 24,812 indigents. The per capita cost of the City plan was $27.61 divided as follows (9):

TABLE 3

Medical Care Clinic	$10.00
Dental Services	.54
Private Physicians	6.66
Drugs	8.00
Eyeglasses	.21
Administration	2.20
	$27.61

Let us examine, these expenses in greater detail.

The hospitals were paid $10.00 per patient (237,205.95), in exchange for which they provided and staffed a separate medical care clinic to perform all routine physicals as well as specialist consultations, special examinations (lab, x-rays) reports etc.

The hospitals report that they are losing money by this arrangement (11). According to their statements their per capita costs vary from a low of $10.69 (South Baltimore General) to a high of $17.26 (Mercy) per person registered. Their net loss varied from $2,000 (South Baltimore General) to $30,000 (Johns Hopkins) in one year. Their total net loss was $103,000. (13–15). Written permission (12) was obtained to examine their annual financial reports. These showed the following:

TABLE 4

	Receipts	Salaries and Fees	
University Hospital	$45,360	$35,093	76%
Johns Hopkins	$103,110	$51,187	50%
South Baltimore General	$27,000	$13,933	52%
Sinai	$16,320	$15,702	96%
Provident	$25,330	$23,038	92%
Mercy	$21,330	$15,499	72%
Total	$238,450	$154,452	65%

It is apparent that more than half of the money paid to the hospitals is spent on staffing separate medical care clinics (not counting the rental paid by some of the clinics which have quarters outside of the hospital). Furthermore, that this total of $154,452 is $51,000 more than the total net loss of $103,000 that the hospitals report for running these clinics.

The Committee believes that serious thought should be given to abolishing the separately staffed Medical Care Clinics (or at most to have a combined clerk-typist-social worker administrator for each hospital) *and to have these patients integrated into the regular hospital outpatient department with home care to be given by private participating physicians as at present.* Such a plan would have the additional advantage of making these patients, many of whom are excellent teaching material,

available to the teaching service of the hospital, which at present they are not. We wish to point out however, that the opinions of the hospital administrators on this change has not been obtained.

Another expensive item in the present contract binding the Medical Care Clinics is the one requiring a complete physical examination of all indigents when they are registered, whether they are sick or well. The value of such time-consuming and therefore expensive examination of asymptomatic persons seems questionable. No thoroughly convincing evaluation has been made and will be needed before deciding this point. The two studies so far made, produced conflicting conclusions. Dr. G. W. Dana (16) reviewed 1,000 consecutive routine physicals and found only 3 instances in which asymptomatic but significant medical findings were discovered, an average cost of $2,000 per discovery. On the other hand, Dr. Holljes (9) made a similar review of 926 cases and found that in 11% previously unsuspected, significant medical findings were uncovered and that in 22% previously known pathology was re-evaluated. Many of these lesions could have been discovered by some form of screening. The clinic directors also doubt the value (17) of routine physicals on all persons but vary in their opinions as to how simplified the screening should be. It was also pointed out that many taxpayers do not obtain routine annual physical examinations because of expense or other reasons.

Our Committee feels that strong consideration should be given to revising the Medical Care Clinic Contracts so that routine complete physical examinations of all registrants are not required, and that they be substituted by whatever type of screening is found to be adequate, after a careful study has been made. We understand that such a study is in progress (22).

Another item that is included in the $10.00 hospital fee is the requirement of sending written reports of the clinic findings on each registrant (well or sick) to the private practitioner to whom the registrant has been assigned, whether the practitioner desires it or not. It was pointed out by the clinic directors that this requires a colossal amount of clerical work and that in the vast majority of cases the family physician mislaid or discarded the report, particularly if it was a negative one.

In our opinion routine reports are an unnecessary expense, and should be limited to those instances in which the registrant has a positive medical finding, or when the private practitioner specifically requests a report. It is to handle these that a clerk-typist-social worker might be needed under the plan proposed above.

All of the above-suggested changes require only an alteration of the present contract between the hospitals and the Baltimore City Medical Care Plan, *so that a renegotiation of that contract seems in order.*

Originally it was hoped that private practitioners would be drawn closer to the hospitals by working in the medical care clinics and thus educating themselves in the evolution of modern medicine. This phase of the plan has failed so far. The vast majority of participating practitioners take no active part in the clinics. At first many were employed to do physicals in the clinics, but their attendance was so irregular or their performance so poor that that practice has almost ceased. At present the clinics are, for the most part, staffed by hospital personnel.

Our Committee feels that this failure in professional education is regrettable, but have no suggestion for its correction at this time.

After registration in a clinic indigents are assigned to a participating practitioner of their choice, providing that he is willing to accept them on a prepaid basis at $7.00 per year. 306 Baltimore doctors are participating, of which 242 are white and 64 are colored (9). 70% of the colored doctors participate and 76% of the indigents are colored. Maps showing the distribution of the colored indigents, that of white indigents, and the distribution of the colored and white participating doctors may be seen in the file.

Our Committee felt that the small proportion of white doctors participating was explained by the concentration of indigents in certain areas where white physicians are scarce and was not an objection to the plan. So far neither the white participating doctors nor the Baltimore City Medical Society have voiced any objection to the plan and the participating colored doctors (17) have met and expressed a preference for the capitation plan.

The number of indigents assigned to individual participating doctors (9) can be tabulated as follows:

TABLE 5

Over 500 patients ($3,500)	9 physicians
301–500 patients ($2100–3500)	18 physicians
101–300 patients (707–2100)	34 physicians
26–100 patients (182–700)	35 physicians
Less than 26 patients (less than $182)	210 physicians

No one physician has as many as 1000 assignees so none receives as much as $7,000 per year (except a few of the Clinic Directors). For each 100 indigents registered in 1954 (9) the practitioners have made 242 office visits, 45 home day calls and 9 home night calls. Accordingly the physicians have been remunerated at an average rate of $2.00 per office visit, $3.00 per home day visit and $5.00 per home night visit. An apparently satisfactory rate.

TABLE 6

Calls made by Private Practitioners per registered indigents and resulting average remuneration

Office Visits	2.42	Averaged	$2.00 per visit
Home Day Calls	.45	Averaged	$3.00 per visit
Home Night Calls	.09	Averaged	$5.00 per visit

There have been some instances wherein a physician has gone off call or not answered a home call so that the patient had to go to the hospital accident room at additional cost to the Plan. These abuses have been surprisingly few. Dr. Furstenburg reported that in a group of 1600 indigents there have averaged 40 visits to the accident room per month but that 35 of these 40 have been emergencies requiring accident room care. The welfare workers reported that the patients seem satisfied with the plan.

Also there have been surprisingly few unnecessary calls on physicians made by patients, and few complaints made by doctors on this score.

The cost of dental services has totaled only $12,738.00 which seems to be a bargain and needs no comment. The same is true of the cost of eyeglasses.

The cost of drugs ($198,378.00) seemed excessive to our Committee. We think that it can and should be reduced, but do not feel justified in making a specific recommendation until after the matter has been thoroughly studied by a committee that includes a representative of the pharmacies.

The central administrative cost ($54,556.50) of the City Plan seemed to us to be reasonable. There was no evidence that it was not administered efficiently. One fact has stood out and that is that the City Capitation Plan has always been able to remain within its budget.

It was generally agreed that the City Medical Care Plan (Capitation) is providing good medical care for the indigent.

County Plan

The County Plan is administered by a subdivision of the State Health Department. In contrast to the City plan, the administrative expenses are not included in its own budget but are paid by the State Health Department. The County Plan also differs in that it is a fee-for-service plan, and cares for both the indigent and the medically indigent. Only 26.8% of these are colored. In 1953–54 the enrollment was divided as follows (10):

TABLE 7

Indigent	16,600	
Medically Indigent	5,800	
Total	22,400	
Waiting List*	2,903	(Indigent and medically indigent)

* Due to lack of funds.

The total cost to the taxpayer was as follows:

TABLE 8

Physicians Services	$373,521	to 879 doctors
Pharmacy Services	$226,740	to 415 pharmacies
Dental Services	$38,653	to 294 dentists
Special Diagnostic Studies*	$40,000	to hospital clinics
Administration**	$113,126	
Total	$792,040	(61.6% for Indigent; 38.4% for medically indigent)

* Half paid by another State Appropriation matched by County.

** Paid from State Health Department Appropriation.

The per capita costs are as follows:

TABLE 9

	All Persons	Indigent	Medically Indigent
Physicians Services	$16.64	$14.25	$23.45
Pharmacy Services	$10.10	$8.15	$15.64
Dental Services	$1.73	$1.33	$2.85
Administration**	$5.04	$5.04	$5.04
Diagnostic Studies	$1.78	$ .80	$6.27
Total	$35.29	$29.57	$53.25*

* All medically indigent are patients.

** These varied enormously in different counties ($18.02 in Charles County to $50.48 in Somerset County for all cases).

No adequate explanation can be offered for this variation among the counties.

In the county fee-for-service plan the patient has a free choice of physician so long as that physician will accept him. Special diagnostic services such as chest x-rays and laboratory work are done free on request by the State Health Department facilities when they are available. When not available or when additional studies are indicated, they can be procured at State expense (another agency) through the nearest hospital clinic. If done in a private physician's office they are not paid for.

The physicians' fee schedule is as follows (25):

TABLE 10

Physicians Fee Schedule	
Office visits	$ 2.00
Home visits (Day)	$ 3.00
Home visits (night)	$ 4.00
Additional patients	$ 1.00 each not to exceed 3
Consultant visits	$10.00
Hospital Obs, delivery	$35.00
Specified Mileage	$1–2.00

The number of professional visits is tabulated (30) as follows:

TABLE 11 (1953–54)

Total Professional Visits: 146,182 (28.5% home)

Type of Physician's Service	Payments	No. of Patients
All Physicians Services	$371,521	19,222
Home and Office Calls	$336,860	18,933
Obstetrical Services	$10,636	310
Laboratory & X-ray Services (Health Dept.)	$2,864	311
Consultant Services	$3,127	282
Special Services*	$3,248	340
Dispensed Drugs	$10,523	2,614
Mileage	$2,873	504
Additional Patients**	$3,390	848

* Includes fees for extensive office procedures such as fractures, cystoscopy, parecenteses, etc.

** Additional patients on a home visit.

Overvisit abuse by doctors and by patients is carefully checked and corrected by an efficient but expensive individual statistical analysis of each doctor and patient. It has been inimical.

The largest sum paid to any one physician was $9,600 and the next largest was $5–6,000.

The amount paid to physicians seemed reasonable to our Committee. The same may be said of the amounts paid to dentists and for administration. We were favorably impressed by the latter's efficiency and statistical analysis.

The $226,740 paid pharmacies for drugs seemed excessive to us. This averaged $8.15 per registered indigent and $15.64 per medically indigent. *We believe that this merits a special study by a committee that includes a pharmacist representative.*

In two of the years of its existence the County medical plan has been forced to pro-rate downward its fee schedule for part of the year and/or exclude some eligibles from its rolls because of unexpected extra expenditures or reduction in the appropriation by the legislature. However, the administrators believe that they can budget fairly accurately for a fixed enrollment, but are vulnerable to changed economic conditions, the whims of the legislature (as is the City plan) and to unexpected epidemics (more so than the capitation plan).

The physicians, patients and administrators are satisfied with the County Plan.

When comparing the City and County plans one must take into consideration the different conditions under which they operate. In the City the indigents are concentrated in certain areas where resident practitioners are relatively scarce, and the patients are often not personal acquaintances. There are excellent clinics within easy transportation and to which many indigents have been accustomed to go for years. These clinics provide unusual facilities that should be fully used to the best advantage.

In the Counties the indigent are scattered, are usually personally known to the physicians, and clinics are widely scattered so that transportation to them is a problem.

Since the City plan does not include the medically indigent, the two plans will be compared financially on the basis of indigents only.

TABLE 12

Indigent Only

	Capitation	Fee-for-Service
Total enrollment	25,109	16,600
Cost to taxpayer	$673,375.61	$490,862.00
Per capita cost	$27.61	$29.57
Office visits*	2.72 at $2.00	5.6 at $2.00
Home day visits	.75 at $3.00	? at $3.00
Home night visits	.09 at $5.00	? at $4.00

* This does not include clinic visits.

Our Committee came to the following conclusions:

1. That the City capitation plan and the County fee-for-service plan are each working well and providing satisfactory medical care in its own environment.

2. That there are environmental differences which justify the use of two different plans.

3. That the fee-for-service plan is best for the Counties.

4. That the capitation plan is the most advantageous and least expensive for Baltimore City.

One member of our Committee feels that it would not be inadvisable, though probably more expensive, to try a fee-for-service plan in the City for a few years and if proven unsatisfactory, to return to the present plan. The other four members of the Committee do not believe this to be worthwhile.

5. That certain economics and improvements, suggested above, can be made in the City plan which will eliminate the reported financial loss to the hospitals and may even reduce the cost to the taxpayer. These can be effected without disturbing the basic structure of the plan by altering the contract between the hospitals and the Plan.

6. That the cost of drugs is excessive for both plans and merits a special study.

7. That both plans are tax supported and therefore government controlled.

8. That both plans are vulnerable to a change in economic conditions and that the fee-for-service plan is also vulnerable to epidemics.

9. That the taxpayers in Maryland are paying directly more than $1.5 million dollars per year for medical care of their ambulant indigent and medically indigent people and expect the best medical care for the least expenditure of money. Whatever plan or plans accomplish this should be favored.

10. That since the President, Dr. George Yeager, has already appointed a medical subcommittee of the State Planning Commission to study the Maryland Medical Care Plan and to instigate any necessary action, we feel that with this report to the House of Delegates our service has been completed and request that our Committee be discharged.

Respectfully submitted,

RICHARD T. SHACKELFORD, M.D., *Chairman*
WILSON GRUBB, M.D.
ROBERT C. KIMBERLY, M.D.
CHARLES F. O'DONNELL, M.D.
J. DONALD WOODRUFF, M.D.

BIBLIOGRAPHY

1. Minutes of House of Delegates dated 30 September 1954.
2. Resolution of the Baltimore County Medical Society presented to House of Delegates 30 September 1954.
3. Letters to Dr. Shackelford from Dr. E. S. Diggs, Secretary of the Medical and Chirurgical Faculty of Maryland, dated 23 December 1954.
4. Letter from Dr. Shackelford to members of his committee dated 28 January 1955.
5. Agenda of first meeting of the committee 9 February 1955.
6. Minutes of 16 February 1955 Meeting of the Committee.
7. Medical Care for the Indigent in Maryland. J. Am. Med. Ass. **157:** 535, February 25, 1955.
8. Minutes of the 23 February 1955 Meeting of the Committee with Doctor Wilfred Davis.
9. Requested Information on the Baltimore City Medical Care Program collected by Baltimore City Health Department Medical Care Section.
10. Highlights of Statistics for 1953–1954 fiscal year with

similar data for Calender years, 1949–1952 prepared by Maryland State Department of Health.

11. Medical Care Clinic Costs based on reports submitted by Clinics Consolidated Cost Statements of Medical Care Section of Baltimore City Health Department.
12. Photostat copies of letters from Director of each of 7 participating Hospitals giving permission to examine financial statements of their Medical Care Clinics. Originals filed with Mr. Rittler of City Health Department.
13. 1953–1954 Financial Reports of the 6 Medical Care Clinics.
14. Luncheon Meeting of Dr. John Harvey and Dr. Shackelford at Johns Hopkins Hospital 3/8/55.
15. Individual Medical Care Clinic Cost Statement and their explanation.
16. Report on the Johns Hopkins Hospital Medical Care Clinic (including its contract) by G. W. Dana.
17. Minutes of Meeting of the Committee with directors of the Medical Care Clinics 3/2/55.
18. Minutes of Meeting of the committee with Dr. Ellicott and Rogerson of the State Health Department 3/9/55.
19. A criticism of the Baltimore City Medical Care Plan by the Baltimore County Medical Association and the Maryland Academy of General Practice.
20. Report of the Committee to Review the Medical Care Program by Committee on Medical Care Maryland State Planning Commission February 1953.
21. Letters asking Directors of Medical Care Clinics to appear before our committee 2/25/55.
22. Abstract of talk with Dr. E. S. Stafford, Chairman of Medical subcommittee of State Planning Commission. 3/3/55.
23. Policy Eligibility for Medical Care proposed by Medical Care Program State Department Health 4/1/50.
24. Dental Services. Policies and Fees effective. 7/1/54.
25. Physicians Fee Schedule.
26. Highlights of Statistics for 1953–1954 Maryland County Medical Care Program.
27. Table 1—Population, public assistance load. Patient Load and expenditures by County 1953–1954.
28. Proposed agenda for meeting of Committee with Dr. Ellicott and Rogerson on 3/9/55.
29. Minutes of Committee Meeting 3/16/55.
30. Administrative Statistics furnished by Dr. Rogerson.
31. Contract between City Health Department and Medical Care Clinics.
32. Minutes of final meeting 3/30/55.

MEDICAL ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH IN REFERENCE TO POLIO VACCINE IMMUNIZATION PROJECT*

Mr. President and Members of the House of Delegates:

The following is a report and recommendations of the Medical Advisory Committee regarding the poliomyelitis vaccine. This Committee functions as an Advisory Committee and at its meeting on February 11, 1955 made the following recommendations:—

1. *It was recommended that, as proposed by the National Advisory Committee and planned by the National Foundation for Infantile Paralysis, the vaccinations of first and second grade school children in public, parochial and private schools with the free supply of material purchased by the N. F. I. P. be carried out in the schools on an equal basis as a cooperative effort by local health and education departments and local medical profession.*

   It was recommended that the State Health Department through the advice of its Poliomyelitis Technical Advisory Committee set up suggested priorities of age groups who would receive the greatest benefit from the commercial supply of vaccine which will be obtainable by physicians through the usual channels.

   It was recommended that the Health Department notify physicians in advance *of the general background, planning and policies with respect to the polio inoculations and that the most effective way of doing this would be by individual letters using the Medical and Chirurgical Faculty addressograph.*

   It was recommended that, if possible, parents be supplied with individual immunization certificates stating the date and type of vaccine received by the children.

Then following advice from the Technical Advisory Committee and Medical Advisory Committee endorse the following priorities:—

2. *First priority* All first and second grade school children. (This group was selected by the National Advisory Committee and free vaccine for mass administration in the schools is being supplied by the National Foundation for Infantile Paralysis.)

   Second Priority All kindergarten and preschool children over one year of age.

   Third Priority Pregnant women.

   Fourth Priority All other elementary school children.

   Fifth Priority Older individuals in households with elementary school children.

It is the recommendation of the Medical Advisory Committee that the Medical and Chirurgical Faculty endorse the recommended distribution of poliomyelitis, and also the priorities as outlined above.

The Committee also respectively request that the members of the Medical and Chirurgical Faculty realize fully the significance of this proposed project, and the responsibility of seeing that there is equable and fair distribution of the vaccine.

Respectfully submitted,

J. Edmund Bradley, M.D., *Chairman*
William C. Morgan, M.D.
Harry D. Bowman, M.D.

FACT-FINDING COMMITTEE TO INVESTIGATE POSTGRADUATE EDUCATION

Mr. President and Members of the House of Delegates:

The Fact-finding Committee on Postgraduate Education in the State of Maryland composed of Drs. Howard M. Bubert, C. Lockard Conley, Lauriston L. Keown, Harry M. Robinson,

* See page 549 of Minutes of House of Delegates.

Jr. and Edwin H. Stewart, Jr., Chairman, met for the first time on Tuesday, January 25, 1955 to discuss the problem of Postgraduate Education in the State of Maryland. It was decided at this meeting to send to each president of the component medical societies, a letter. This was done on January 27, 1955. The tabulation of this letter showed that eighteen counties are in favor of postgraduate education; three are opposed to it and two counties were not heard from. Eighteen feel that it would be advisable to have Postgraduate Day or Days at the Annual or Semiannual Meetings of the Medical and Chirurgical Faculty. Following is a break down of all data noted on questionnaire.

QUESTIONNAIRE TO PRACTICING PHYSICIANS IN MARYLAND

Active in Baltimore City	467
Active in County	324
Retired, armed forces, full-time research or full-time administrative work, internship or residency training	262
Member of state medical society	823
Active hospital staff member	740
Hospital training:	
Two years or less	259
Two years or more	546
Specialties:	
General practice	265
Medicine	144
Surgery	101
Pediatrics	72
Obstetrics	64
Gynecology	59
Psychiatry	36
Radiology	25
Ophthalmology	19
ENT	19
Otology	17
Pathology	15
Orthopedics	15
Urology	14
Dermatology	12
Chest	11
Cardiology	11
Anesthesiology	10
Neurology	9
Gastroenterology	7
Allergy	5
Plastic Surgery	4
Proctology	2
Chronic Diseases	1
Electroencephalology	1
Oncology	1
Tuberculosis	1
Attended postgraduate courses in past five years	426
Want postgraduate courses brought to the county	201

Laboratory work	151
Individual supervised clinical case work	342
Small group guided discussion (seminar)	579
Lectures and panels	455
Demonstration (i.e. clinics, rounds, surgical observation, etc.)	433
Telephone, radio, or recorded programs	85
Doctors themselves through tuition fees	560
Medical schools	113
State and local medical societies	251
Specialty or general practice societies	171
State and Local health departments	71
Public voluntary health agencies	26
A special national or regional fund	68

Respiratory system (includes nose and throat)	186
Cardiovascular system	320
Digestive system	103
Metabolic system (includes nutritional)	206
Endocrine system	260
Kidneys and urinary system	144
Male genital system	60
Female genital system (excluding obstetrics)	130
Obstetrics per se	98
Blood and hematopoietic system	197
Skin	133
Musculo-skeletal system	120
Nervous system	199
Psychological (psychosomatic and psychiatric)	235
Eye and ear	92
Pediatrics per se (ex.: prematurity, infant feeding, etc.)	117

About the 18th of February a questionnaire was sent to all practicing physicians in the State of Maryland in the hope of securing data which would help us to determine whether postgraduate education should be the responsibility of the Medical and Chirurgical Faculty. The response from this questionnaire has been favorable. As of March 8, we received 1,025 returns out of the 2,484 sent. Of these returned 1,019 were in favor of Postgraduate Education in the State of Maryland. Following are some comments that were noted on the questionnaire:

County	Need P.G. Educa.	Active Members	General Practitioners	Specialize	P.G. Days at Annual Meeting	Comments
Anne Arundel	Yes	66	38	28	Yes	Difficulty in getting doctors together, especially in winter.
Balto. City	Yes	1,383	No record		Yes	Being studied at present time.
Balto. County	Yes	206	165	41	Yes	Best attendance when speaker is well-known.
Calvert	Yes	4	4	0	No	Motion picture with question and answer period.
Caroline	Yes	10	9	1	Yes	Series of lectures conducted in Easton, Md. at the hospital.
Carroll	Yes	35	25	10	Yes	Program designed for general practitioner.
Cecil	Yes	31	23	8	Yes	Are arranging programs every other month with speakers from Balto. and Wil. Cover medicine, surgery, ob. and pediatrics.
Charles		8	7	1	Yes	Questionable.
Dorchester	Yes	22	13	9	Yes	Aim at doctors in general practice.
Frederick	Yes	58	33	25	Yes	Meetings at annual meetings.
Harford	Yes	32	29	3	Yes	Lectures and panels with guided discussion in locations throughout the state.
Howard	No	8	6	1	Yes	Notice of any city postgraduate lectures would be satisfactory.
Kent	Yes	10	8	2	Yes	Clinic type of good value.
Queen Anne's	Yes	7	6	1	Yes	Graded programs from basic to more advanced topics.
Montgomery	Yes	200	⅔	⅓	Yes	Several clinics or presentations.
Pr. George's	Yes	84	53	31	Yes	General practitioner best prospect. Have local meetings.
Somerset	Yes	6	6	0	Yes	Nothing specialized. Practical application.
St. Mary's	Yes	9	9	2	No	Discussion of diseases encountered in general practice.
Talbot	No	25	11	14	No	Out of state speakers.
Washington	Yes	82	39 (8 in railroad work and industrial work)	35	Yes	Lecture courses.
Worcester	Yes	15	15	0	Yes	Courses for the G.P.
Wicomico	No	54	18	34	Yes	Doubt that the society would be interested.

Comments noted on questionnaires

Allegany:—

"Bring more seminars to us."

Baltimore City:—

"Courses in rehabilitation."

"Courses are at a medical student level and not at a postgraduate level, this also the cause of poor attendance."

"One should discuss the recent advances in all systems of the body."

"You should correlate postgraduate education."

"Physicians should be shown newer laboratory techniques."

"Correlate meetings."

"Two full days a year rather than others through the year."

"The value of any postgraduate courses depends on the teacher, and good teachers are a must."

"Speakers should be good and speak with authority."

"More than adequate postgraduate education in Baltimore at present."

"Remember that the busiest time for the general practitioner is January, February and March."

"Already adequate courses for doctors, if they care to attend and no need for State or City Medical Societies to get into this business."

"Success of plan depends upon provision of adequate close parking, doctors will not walk blocks to hear even famous speakers."

"Make tape recordings of all scientific meetings and keep master copy in library. All to be done on non-profit basis."

"Lecturer should be thoroughly versed in his field and be a good speaker and not only asked to speak because of his professional rank."
"Doctors should be given an exam every five years to prove their worth."
"Should give more courses in pathology and physiology."
"Basic sciences"

Baltimore County:—
"Geriatrics"
"Charge enough to bring speakers that are worthwhile."
"Evening meetings, after office hours, more suitable."
"Someone has to see the sick, while the smart men get smarter."
"Two day period will solve this problem."
"I am not interested in postgraduate courses."
"Practical application of newer therapeutic agents."
"Basic sciences and physiology."
"You can lead a horse to water, but you can't make him drink."
"Nose and throat, dermatology and gynecology most important."
"Comfort during attendance of lectures is of utmost importance."

Carroll:—
"Courses in rehabilitating the disabled."

Cecil:—
"Courses in basic sciences are of utmost importance."

Garrett:—
"Courses in preventative medicine are of utmost importance."

Hagerstown:—
"Postgraduate courses on symptoms and diagnosis should be given."
"Concentrate course into few days."

Harford:—
"Continuing educational study after graduation should be paid for from out of public funds. Courses should be free, but physician should pay reasonable sum while attending."

Montgomery:—
"Team of specialist (3–4 to a team) should visit various communities for several days and work out a program locally according to needs. Could be financially sponsored by State and Local Societies."
"Refresher courses are needed."
"Practical demonstrations and discussions."
"Courses in neoplasia should be given."
"Physicians will derive much from postgraduate training."
"Demonstration in postgraduate endeavors."
"What we need is more knowledge in the basic sciences."

Oakland:—
"We in Western Maryland need postgraduate courses."

Prince George:—
"Postgraduate courses in pharmacology."
"Speakers should be men of experience and with ability to speak and should not be chosen only because of their faculty position."
"Laboratory procedures."
"Short courses should be given in the county."

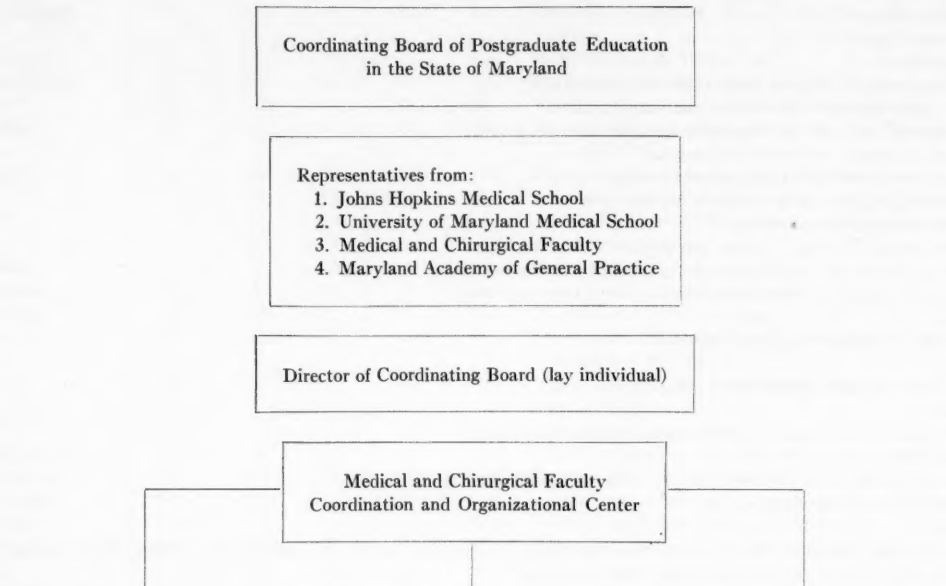
Salisbury:—
"I don't need any more postgraduate education."
"Prefer convention"

Somerset:—
"Courses should be given on diet and nutrition."
"Geriatrics."

Washington:—
"Geriatrics."

This is a Tentative Organizational Pattern:

Tentative Organizational Pattern



The Committee again met on March 4, for a complete evaluation of the data that has been accumulated and the following recommendations were made. The Committee recommends a resolution be presented to the House of Delegates for appropriate action.

Therefore, be it resolved that the Medical and Chirurgical Faculty initiate an organized postgraduate program. Furthermore, if this resolution is accepted favorably by the House of Delegates, the Committee on Postgraduate Education recommends the following: (See pages 544–545.)

1. *The Coordinating Board of Postgraduate Education should have members from Johns Hopkins Medical School, University of Maryland Medical School, Medical and Chirurgical Faculty and the Maryland Academy of General Practice.*
2. *The response to the questionnaire shows the physicians desire postgraduate education in the State of Maryland.*
3. *The cost of such a program should be borne by the physician in paying tuition fees and by the Medical Society.*
4. *It is the responsibility of the Medical and Chirurgical Faculty to coordinate postgraduate education throughout the State.*
5. *A lay director should be responsible for the direction of such a program under the guidance of a postgraduate committee.*
6. *The Medical and Chirurgical Faculty should serve as a clearing house for all post-graduate education in the State of Maryland.*
7. *A scientific speakers bureau should be a part of this postgraduate committee, who would serve as a guide to the director of the coordinating board.*

It has been a pleasure working as Chairman of this Fact-finding Committee and trust that favorable consideration will be given to this important problem.

Respectfully submitted,

Edwin H. Stewart, Jr., M.D., *Chairman*
Howard M. Bubert, M.D.
C. Lockard Conley, M.D.
Lauriston L. Keown, M.D.
Bender B. Kneisley, M.D.
Harry M. Robinson, Jr., M.D.

COMMITTEE TO STUDY AVAILABILITY OF PREPAYMENT INSURANCE IN RURAL AREAS

Mr. President and Members of the House of Delegates:

As Chairman of the Committee to Study Availability of Prepayment Insurance in Rural Areas, I would like to submit to you the following report.

As far as we can ascertain, about three-fifths of the population carries some type of health insurance. About seventy-five per cent of this group are covered through group enrollment plans. It is apparent that few people carry health insurance among our rural population and those who have it have insufficient coverage.

Therefore, new methods and techniques must be developed in order to reach this group. First, we feel that we should try to ascertain from them their desires in obtaining health insurance and the type of coverage suitable to their needs.

This is not an easy task and to approach it intelligently would depend upon the cooperation of several groups, namely, the local community, rural physicians, hospitals, county medical societies and insurance companies who might be interested and willing to undertake a policy on this group, as individuals, or on a family basis.

There are eight hundred or more different companies writing health insurance in its various forms and it is, therefore easy to realize the difficulty this Committee would have in presenting to the Faculty a specific plan without conferring with the aforestated groups.

We feel it is quite obvious that some type of coverage is desired and before pursuing our survey any further, we should like to obtain through some medium the desires on the part of our rural population in obtaining voluntary health insurance.

Our Committee, therefore, would like to make the following proposal: that we be given the authority to draft a suitable questionnaire containing pertinent questions on this subject and that this questionnaire be submitted to the various county medical societies for their comments and suggestions. (See page 543.)

It is hoped that through this source of information our Committee would be better informed with specific facts and desires to guide us in formulating some plan to be presented to the Health Insurance Council, or to individual companies. The Health Insurance Council, as you know, is an organization set up by the Life Insurance Association of America, with staff offices in New York. The purpose of this group was to study the facts of prepaid insurance at the Federal, State and City levels.

Respectfully submitted,
GEORGE MCLEAN, M.D., *Chairman*
HENRY BRIELE, M.D.
NORMAN B. COLE, M.D.
ROBERT P. CONRAD, M.D.
MARIUS P. JOHNSON, M.D.

CANCER COMMITTEE (1954)

Mr. Chairman and Members of the House of Delegates:

For a number of years the work in the field of cancer, in the State of Maryland, has been carried on by the Maryland Division of the American Cancer Society. They have conducted a most extensive program, including education of the public, particularly as to the value of prophylactic examination; therapy including X-ray and radium; and great emphasis on investigative work. The funds have been obtained by yearly campaigns each April and the response has always been gratifying.

It was thought that the continuation of the Cancer Committee of the State Medical Association was at this time unnecessary as the Maryland Division of the American Cancer Society has so satisfactorily covered this field. Therefore, on the recommendation of the Chairman this section has been discontinued and, should the necessity arise, it can easily be reorganized. (See page 532.)

Respectfully submitted,
J. MASON HUNDLEY, JR., M.D., *Chairman*
C. BERNARD BRACK, M.D.
L. H. BRUMBACK, M.D.
L. CLARENCE COHN, M.D.
BEVERLEY C. COMPTON, M.D.
WILLIAM K. DIEHL, M.D.
WYLIE M. FAW, JR., M.D.
GERALD A. GALVIN, M.D.
HOWARD W. JONES, JR., M.D.
JAMES T. MARSH, M.D.
WILLIAM NEILL, JR., M.D.
WILLIAM D. NOBLE, M.D.
ARTHUR G. SIWINSKI, M.D.
EDWIN H. STEWART, JR., M.D.
RICHARD W. TELINDE, M.D.
JAMES B. THOMAS, M.D.
GRANT E. WARD, M.D.
DALTON M. WELTY, M.D.

SCIENTIFIC SPEAKERS BUREAU (1954)

Mr. President and Members of the House of Delegates:

At the request of the incoming President of the Medical and Chirurgical Faculty, Dr. George H. Yeager, the Council recommended to the House of Delegates that the Scientific Speakers Bureau be discharged, and the House of Delegates complied with this recommendation at its meeting on September 30, 1954. (See page 532.)

After the discharge of the Committee, there were four requests for speakers by Component Societies. As this Bureau has been discontinued, those whose names are on it would not have any obligation to fulfill speaking engagements. However, we were able in one instance to supply a speaker, when Dr. Richard T. Shackelford accepted the responsibility and addressed one of the Component Societies. I would like at this time to express my appreciation to him for addressing that meeting.

Respectfully submitted,
BEVERLEY C. COMPTON, M.D., *Chairman*
ALAN M. CHESNEY, M.D.
I. RIDGEWAY TRIMBLE, M.D.
THEODORE E. WOODWARD, M.D.
H. BOYD WYLIE, M.D., *ex officio*

OFFICERS, COUNCILORS, ETC., 1955 MEDICAL AND CHIRURGICAL FACULTY*

(Reprinted from Annual Meeting Program, 1955)

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Treasurer—J. Albert Chatard, Baltimore
Secretary—Everett S. Diggs, Baltimore

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	Term Expires
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Whitmer B. Firor, *Vice-Chairman*, Baltimore	1957
Charles R. Austrian, Baltimore	1955
Hugh J. Jewett, Baltimore	1955
William B. Long, Salisbury	1955
Walter D. Wise, Baltimore	1955
A. Talbott Brice, Jefferson	1956
Harry C. Hull, Baltimore	1956
W. Oliver McLane, Jr., Frostburg	1956
W. Glenn Speicher, Westminster	1956
Leo Brady, Baltimore	1957
Thomas A. Christensen, College Park	1957
Clewell Howell, Towson	1957
Ross L. McLean, Baltimore	1957
Norman E. Sartorius, Jr., Pocomoke City	1957
George H. Yeager, *President*, Baltimore	1955
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Everett S. Diggs, *Secretary*, Baltimore	1955
President-elect	1956
Louis Krause, *Chairman of Library Committee*, Baltimore	1955
Howard M. Bubert, *A.M.A. Delegate*, Baltimore	1955
Warde B. Allan, *A.M.A. Delegate*, Baltimore	1957
W. Houston Toulson, *Chairman, Committee on Constitution and By-Laws*, Baltimore	1955

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	Term Expires
Delegate—Howard M. Bubert, Baltimore	1955
Alternate—Whitmer B. Firor, Baltimore	1955
Delegate—Warde B. Allan, Baltimore	1957
Alternate—Louis H. Douglass, Baltimore	1957

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	Term Expires
Erasmus H. Kloman, *President*, Baltimore	1955
Lewis P. Gundry, *Secretary-Treasurer*, Baltimore	1955
John H. Hornbaker, Hagerstown	1955
John E. Legge, Baltimore	1956
Samuel McLanahan, Baltimore	1956
Henry T. Collenberg, Baltimore	1957
Norman E. Sartorius, Jr., Pocomoke City	1957
Wylie M. Faw, Cumberland	1958

COMMITTEES—ELECTED BY THE HOUSE OF DELEGATES

Committee on Scientific Work and Arrangements

Edmond J. McDonnell, *Chairman*, Baltimore
Beverley C. Compton, Baltimore
Norman R. Freeman, Jr., Baltimore

Library Committee

	Term Expires
Loius Krause, *Chairman*, Baltimore	1955
A. Austin Pearre, Frederick	1956
J. Roy Guyther, Mechanicsville To fill unexpired term (1957) of William K. Diehl until meeting of House of Delegates, April 1955	
E. T. Lisansky, Baltimore	1958
Lester A. Wall, Jr., Baltimore	1959
Marion W. McCrea, D.D.S.	

Finney Fund Committee

	Term Expires
John M. T. Finney, Jr., *Senior Member*, Baltimore	1955
Louis P. Hamburger, Baltimore	1956
I. Ridgeway Trimble, Baltimore	1957
Herbert E. Wilgis, Baltimore	1958
Henry J. L. Marriott, Baltimore	1959

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Curator

J. Albert Chatard

The Maryland State Medical Journal

GEORGE H. YEAGER, *Editor*, Baltimore

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COMMITTEES—AS PROVIDED IN THE CONSTITUTION AND BY-LAWS

Committee on Constitution and By-Laws

W. HOUSTON TOULSON, *Chairman*, Baltimore
E. COWLES ANDRUS, Baltimore

* Committees appointed by the President, Dr. George H. Yeager, published in Vol. 4, No. 1, January 1955, MARYLAND STATE MEDICAL JOURNAL, pages 5 and 6. In this issue, the names of members of Committees are printed after each report.

CHARLES R. AUSTRIAN, Baltimore
DONALD HOOKER, Annapolis
W. OLIVER MCLANE, JR., Frostburg

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(Chairman of the Council, President, Secretary and Treasurer.)
WARFIELD M. FIROR, *Chairman of Council*, Baltimore
GEORGE H. YEAGER, *President*, Baltimore
EVERETT S. DIGGS, *Secretary*, Baltimore
J. ALBERT CHATARD, *Treasurer*, Baltimore

Finance Committee

(Five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council.)
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J. ALBERT CHATARD, *Treasurer*, Baltimore
EVERETT S. DIGGS, *Secretary*, Baltimore
WARFIELD M. FIROR, *Chairman of Council*, Baltimore
R. WALTER GRAHAM, JR., Baltimore

The House Committee

(Executive Committee plus the Chairman of the Library Committee.)
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EVERETT S. DIGGS, *Secretary*, Baltimore
J. ALBERT CHATARD, *Treasurer*, Baltimore
LOUIS KRAUSE, *Chairman Library Committee*, Baltimore

Professional Conduct Committee

(Five immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman.)
A. AUSTIN PEARRE, *Past President* (1950), *Chairman*, Frederick
WALTER D. WISE, *Past President* (1951), Baltimore
ALAN M. CHESNEY, *Past President* (1952), Baltimore
MAURICE C. PINCOFFS, *Past President* (1953), Baltimore
BENDER B. KNEISLEY, *Past President* (1954), Hagerstown
WARFIELD M. FIROR, *Chairman of Council*, Baltimore

Resolutions Committee

(Five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman.)
ROBERT VANL. CAMPBELL, *Chairman*, Hagerstown
CHARLES R. AUSTRIAN, Baltimore
ERNEST I. CORNBROOKS, JR., Baltimore
WHITMER B. FIROR, Baltimore
JOHN H. TRESCHER, Baltimore

Budget Committee

(Appointed on authority of Council by its Chairman, October 1953.)
E. COWLES ANDRUS, *Chairman*, Baltimore
BENDER B. KNEISLEY, Hagerstown
RICHARD C. DODSON, Baltimore
WETHERBEE FORT, Baltimore
NORMAN E. SARTORIUS, JR., Pocomoke City

* *

Specially Appointed

Medical Advisory Committee to Selective Service

R. WALTER GRAHAM, JR., *Chairman*, Baltimore

* *

OFFICERS, DELEGATES, ETC., OF COMPONENT MEDICAL SOCIETIES, 1955

(Reprinted from Annual Meeting Program, 1955)

ALLEGANY-GARRETT COUNTY. *President*, James T. Johnson, Jr., Cumberland; *Vice-President*, W. Alfred Van Ormer, Cumberland; *Secretary*, Benedict Skitarelic, Cumberland; *Treasurer*, Leo H. Ley, Jr., Cumberland; *Delegates*, Frank T. Harrat, Frostburg; W. Royce Hodges, Jr., Cumberland; *Alternate Delegates*, Leslie E. Daugherty, Cumberland; Leland B. Ranson, Cumberland; *Journal Representative*, Leslie E. Daugherty, Cumberland; *Meetings*, Third Friday each month, October through May.

ANNE ARUNDEL COUNTY. *President*, Philip Briscoe, Annapolis; *Vice-President*, Stuart M. Christhilf, Jr., Annapolis; *Secretary-Treasurer*, J. Howard Beard, Annapolis; *Delegate*, Randall McLaughlin, Pasadena; *Alternate Delegate*, Merton T. Waite, Annapolis; *Journal Representative*, James R. Martin, Annapolis; *Meetings*, January, April, July and October.

BALTIMORE CITY MEDICAL SOCIETY. *President*, Amos R. Koontz; *First Vice-President*, Grant E. Ward; *Second Vice-President*, Francis J. Geraghty; *Secretary*, John N. Classen; *Treasurer*, Robert C. Kimberly; *Journal Representative*, Conrad Acton; *Representatives To The Executive Board*, Samuel Wolman (1954–1955), Herbert E. Wilgis (1954–1955), Daniel J. Pessagno (1954–1955), Lewis P. Gundry (1955–1956), Louis Krause (1955–1956), C. Holmes Boyd (1955–1956). *Delegates* (1954–1955): Philibert Artigiani, Samuel T. R. Revell, Jr., Milton S. Sacks, John W. Barnaby, Jr., Francis W. Gluck, John N. Classen, Gustav Highstein, Jacob C. Handelsman, Marius P. Johnson, Charlotte McCarthy, S. Edwin Muller, Leslie H. Pierce, Frank K. Morris; *Alternates* (1954–1955): Katharine V. Kemp, Martin L. Singewald, Robert C. Abrams, Patrick C. Phelan, Jr., Harold P. Biehl, Douglas H. Stone, Walter A. Anderson, Vernon C. Kelly, Robert A. Reiter, J. Duer Moores, J. Frank Supplee, III, K. K. Krulevitz, Abraham Genecin.

Delegates (1955–1956): Helen Bowie, C. Lockard Conley, Ernest I. Cornbrooks, Jr., Palmer H. Futcher, R. Donald Jandorf, Richard F. Kieffer, Jr., Ephraim T. Lisansky, Robert E. Mason, James P. Miller, Samuel Morrison, E. Roderick Shipley, John H. Trescher, John D. Young, Jr., Ralph J. Young; *Alternates* (1955–1956): Joseph B. Workman, Frank W. Davis, Jr., Theodore Kardash, Ernest S. Cross, Jr., Ernest C. Brown, Jr., William G. Speed, D. McClelland Dixon, John J. Tansey, Edward H. Richardson, Jr., David R. Will, John L. Peck, Francis W. Gillis, Alan C. Woods, Jr., James N. McCosh; *Meetings*, First Friday of each month, October through March.

BALTIMORE COUNTY. *President*, Thomas E. Wheeler, Randallstown; *Vice-President*, Louis Z. Dalmau, Pikesville; *Secretary-Treasurer*, Clarence E. McWilliams, Reisterstown; *Delegates*, Melvin B. Davis, Dundalk; George S. M. Kieffer, Baltimore; Charles F. O'Donnell, Towson; *Alternate Delegates*, David H. Andrew, Dundalk; George E. Urban, Catonsville; Charles H. Williams, Pikesville; *Journal Representative*, William A. Pillsbury, Jr., Timonium; *Meetings*, Third Wednesday of each month.

CALVERT COUNTY. *President*, Page C. Jett, Prince Frederick; *Vice-President*, Roberto deVillarreal, Prince Frederick; *Secretary-Treasurer*, Hugh W. Ward, Owings; *Delegate*, George J. Weems, Huntingtown; *Alternate Delegate*, Hugh W. Ward, Owings; *Journal Representative*, Page C. Jett, Prince Frederick; *Meetings*, Four times during year.

CAROLINE COUNTY. *President*, Frank M. Anderson, Federalsburg; *Vice-President*, Robert Wright, Greensboro; *Secretary-Treasurer*, Edwin G. Riley, Denton; *Delegate*, Charles H. Winnacott, Ridgely; *Alternate Delegate*, Robert Kingsbury, Federalsburg; *Journal Representative*, Robert Wright, Greensboro; *Meetings*, On call.

CARROLL COUNTY. *President*, Wilbur H. Foard, Manchester; *Vice-President*, G. Allen Moulton, Westminster; *Secretary-Treasurer*, William Culwell, Mt. Airy; *Delegate*, R. S. McVaugh, Taneytown; *Alternate Delegate*, M. E. Robertson, New Windsor; *Journal Representative*, William Culwell, Mt. Airy; *Meetings*, Third Wednesday, every other month except July and August.

CECIL COUNTY. *President*, Richard C. Dodson, Rising Sun; *Vice-President*, Wallace Obenshain, Cecilton; *Secretary-Treasurer*, Klaus Huebner, North East; *Delegate*, S. Ralph Andrews, Elkton; *Alternate Delegate*, George J. Kreis, Jr., Elkton; *Journal Representative*, Milford H. Sprecher, Elkton; *Meetings*, Second Tuesday of each month.

CHARLES COUNTY. *President*, Frank A. Susan, Indian Head; *Vice-President*, James E. Andrews, Indian Head; *Secretary-Treasurer*, J. Parran Jarboe, LaPlata; *Delegate*, Frederick M. Johnson, LaPlata; *Alternate Delegate*, Harry R. Coburn, Bryantown; *Journal Representative*, J. Parran Jarboe, La Plata; *Meetings*, Second Thursday of each month.

DORCHESTER COUNTY. *President*, Eldridge H. Wolff, Cambridge; *Vice-President*, George Currier, Cambridge; *Secretary-Treasurer*, Lawrence Maryanov, Cambridge; *Delegate*, Frederick A. Miller, Cambridge; *Alternate Delegate*, William H. Hanks, Cambridge; *Journal Representative*, Alfred R. Maryanov, Cambridge; *Meetings*, Every month, except during June, July and August.

FREDERICK COUNTY. *President*, Thomas H. Quill, Frederick; *Vice-President*, Norvell Belt, Frederick; *Secretary*, Thomas E. Stone, Braddock Heights; *Treasurer*, John M. Culler, Frederick; *Delegate*, Louis R. Schoolman, Frederick; *Alternate Delegate*, Henry V. Chase, Frederick; *Journal Representative*, Robert J. Furie, *Chairman*, *Committee*, Louis R. Schoolman; *Meetings*, Every month.

HARFORD COUNTY. *President*, Brown McDonald, Jr., Aberdeen; *Vice-President*, Frederick J. Hatem, Aberdeen; *Secretary-Treasurer*, Philip W. Heuman, Bel Air; *Delegate*, J. Ralph Horky, Churchville; *Alternate Delegate*, Charles W. Stewart, Jr., Edgewood; *Journal Representative*, Frederick J. Hatem, Aberdeen; *Meetings*, Third Thursday, every other month.

HOWARD COUNTY. *President*, George E. Groleau, Elkridge; *Vice-President*, Charles S. Whitaker, Clarksville; *Secretary-Treasurer*, Theodore R. Shrop, Ellicott City; *Delegate*, George E. Burgtorf, Jr., Ellicott City; *Alternate Delegate*, Theodore R. Shrop, Ellicott City; *Journal Representative*, Theodore R. Shrop, Ellicott City; *Meetings*, Fourth Friday, January, March, May, September and November.

KENT COUNTY. *President*, A. C. Dick, Chestertown; *Secretary-Treasurer*, O. S. Gulbrandsen, Chestertown; *Delegate*, A. F. Whitsitt, Chestertown; *Alternate Delegate*, Robert W. Farr, Chestertown; *Journal Representative*, Oskar S. Gulbrandsen, Chestertown; *Meetings*, December, other times on call.

MONTGOMERY COUNTY. *President*, Robert A. Hare, Takoma Park; *Vice-President*, Charles H. Ligon, Sandy Spring; *Secretary*, George A. Gray, Jr., Chevy Chase; *Treasurer*, Stephen N. Jones, Rockville; *Delegates*, John G. Ball, Bethesda; William W. Welsh, Rockville; Jacob W. Bird, Sandy Spring; Read N. Calvert, Silver Spring; *Alternates*, Austin B. Rohrbaugh, Jr., Chevy Chase; M. McKendree Boyer, Damascus; John R. Robben, Silver Spring; Merrill M. Cross, Silver Spring; *Journal Representative*, Maynard I. Cohen, Silver Spring; *Meetings*, Third Tuesday of each month.

PRINCE GEORGE'S COUNTY. *President*, Benjamin S. Miller, Mt. Rainier; *Vice-President*, William B. Hagan, Mt. Ranier; *Corresponding Secretary*, Albert Roth, Riverdale; *Recording Secretary*, Richard D. Bauer, Hyattsville; *Treasurer*, John S. Haught, Mt. Rainier; *Delegates*, Waldo B. Moyers, Hyattsville; Samuel J. N. Sugar, Mt. Ranier; *Alternates*, James G. Sasscer, Upper Marlboro; Paul C. Van Natta, Parkland; *Journal Representative*, William B. Hagan, Mt. Rainier; *Meetings*, First Tuesday of each month.

QUEEN ANNE'S COUNTY. *President*, C. Rodney Layton, Centreville; *Secretary-Treasurer*, Caroline H. Callison, Centreville; *Delegate*, G. William Martin, Jr., Queenstown; *Alternate Delegate*, W. H. Fisher, Centreville; *Journal Representative*, Irvin G. Hoyt, Queenstown; *Meetings*, February, May, August and November.

ST. MARY'S COUNTY. *President*, Robert T. Fuchs, Leonardtown; *Vice-President*, William D. Boyd, Leonardtown; *Secretary-Treasurer*, J. Roy Guyther, Mechanicsville; *Delegate*, Joseph E. Gill, Leonardtown; *Alternate Delegate*, Julian S. Lane, Lexington Park; *Journal Representative*, J. Roy Guyther, Mechanicsville; *Meetings*, Second Wednesday of each month.

SOMERSET COUNTY. *President*, C. G. Rawley, Crisfield; *Vice-President*, Robert F. Lewis, Crisfield; *Secretary-Treasurer*, Robert H. Johnson, Princess Anne; *Delegate*, George C. Coulbourn, Marion Station; *Alternate Delegate*, C. G. Rawley, Crisfield; *Journal Representative*, A. N. Barr, Crisfield; *Meetings*, On call.

TALBOT COUNTY. *President*, John F. Schneider, Easton; *1st Vice-President*, Vincent O. Eareckson, Jr., Easton; *2nd Vice-President*, A. B. Cecil, Jr., Easton; *Secretary-Treasurer*, Louis S. Welty, Easton; *Delegate*, Thurston Harrison, Easton; *Alternate Delegate*, Kurt Lederer, Queen Anne; *Journal Representative*, Louis S. Welty, Easton; *Meetings*, January, April, July, October and December.

WASHINGTON COUNTY. *President*, S. Earl Young, Hagerstown; *Vice-President*, Lloyd A. Hoffman, Hagerstown; *Secretary-Treasurer*, Ernest F. Poole, Hagerstown; *Delegates*, Robert vanLieu Campbell, Hagerstown; Omar D. Sprecher, Jr., Hagerstown; *Alternate Delegates*, William T. Layman, Hagerstown; Gerald W. LeVan, Boonsboro; *Journal Representative*, Robert vanLieu Campbell, Hagerstown; *Meetings*, January, April, July and October.

WICOMICO COUNTY. *President*, William H. Fisher, Jr., Salisbury; *Vice-President*, Frank E. Poole, Salisbury; *Secretary-Treasurer*, John M. Bloxom, III, Salisbury; *Delegate*, Stedman W. Smith, Salisbury; *Alternate Delegate*, Wilber R. Ellis, Jr., Salisbury; *Journal Representative*, William S. Womack, Salisbury; *Meetings*, Second Monday of each month.

WORCESTER COUNTY. *President*, Louis G. Llewelyn, Pocomoke City; *Vice-President*, Charles W. Trader, Pocomoke City; *Secretary-Treasurer*, Fred S. Waesche, Snow Hill; *Delegate*, Paul Cohen, Snow Hill; *Alternate Delegate*, Norman E. Sartorius, Sr., Pocomoke City; *Journal Representative*, Fred S. Waesche, Snow Hill; *Meetings*, January, April, August and October.

OFFICERS, COUNCILORS, ETC., 1954 MEDICAL AND CHIRURGICAL FACULTY*†

(Reprinted from Annual Meeting Program, 1954)

OFFICERS

President—Bender B. Kneisley, Hagerstown
Vice-Presidents—E. Paul Knotts, Denton; Ernest I. Cornbrooks, Jr., Baltimore; Ralph G. Hills, Baltimore
Treasurer—J. Albert Chatard, Baltimore
Secretary—Everett S. Diggs, Baltimore

COUNCILORS

	Term Expires
E. Cowles Andrus, *Chairman*, Baltimore	1954
Whitmer B. Firor, *Vice-Chairman*, Baltimore	1954
Thomas A. Christensen, College Park	1954
Monte Edwards, Baltimore	1954
Warfield M. Firor, Baltimore	1954
William D. Noble, Easton	1954
Palmer F. C. Williams, Pikesville	1954
Charles R. Austrian, Baltimore	1955
Hugh J. Jewett, Baltimore	1955
William B. Long, Salisbury	1955
Walter D. Wise, Baltimore	1955
A. Talbott Brice, Jefferson	1956
Harry C. Hull, Baltimore	1956
W. Oliver McLane, Jr., Frostburg	1956
W. Glenn Speicher, Westminster	1956
Bender B. Kneisley, *President*, Hagerstown	1954
J. Albert Chatard, *Treasurer*, Baltimore	1954
Everett S. Diggs, *Secretary*, Baltimore	1954
Maurice C. Pincoffs, *Past President*, Baltimore	1954
President-elect	1954
Louis Krause, *Chairman of Library Committee*, Baltimore	1955
Warde B. Allan, *A.M.A. Delegate*, Baltimore	1954
Howard M. Bubert, *A.M.A. Delegate*, Baltimore	1955

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

	Term Expires
Delegate—Warde B. Allan, Baltimore; *Alternate*, Louis H. Douglass, Baltimore	1954
Delegate—Howard M. Bubert, Baltimore; *Alternate*, Whitmer B. Firor, Baltimore	1955

MEMBERS OF THE BOARD OF MEDICAL EXAMINERS

	Term Expires
Lewis P. Gundry, *President*, Baltimore	1954
Erasmus H. Kloman, *Secretary-Treasurer*, Baltimore	1955
Edward P. Thomas, Frederick	1954
John H. Hornbaker, Hagerstown	1955
John E. Legge, Baltimore	1956
Samuel McLanahan, Baltimore	1956
Henry T. Collenberg, Baltimore	1957
Norman E. Sartorius, Jr., Pocomoke City	1957

ELECTED COMMITTEES

Committee on Scientific Work and Arrangements

Beverley C. Compton, *Chairman*, Baltimore
William L. Garlick, Baltimore
Edwin H. Stewart, Jr., Baltimore

Library Committee

	Term Expires
Louis Krause, *Chairman*, Baltimore	1955
John T. King, Baltimore	1954
A. Austin Pearre, Frederick	1956
William K. Diehl, Baltimore	1957
E. T. Lisansky, Baltimore	1958
Marion W. McCrea, D.D.S.	

Finney Fund Committee

	Term Expires
Henry M. Thomas, *Senior Member*, Baltimore	1954
John M. T. Finney, Jr., Baltimore	1955
Louis P. Hamburger, Baltimore	1956
I. Ridgeway Trimble, Baltimore	1957
Herbert E. Wilgis, Baltimore	1958

APPOINTED BY COUNCIL

Curator

J. Albert Chatard

The Maryland State Medical Journal

Editor

George H. Yeager, Baltimore

Editorial Board

Leslie E. Daugherty, Cumberland
Hugh J. Jewett, Baltimore
William B. Long, Salisbury
Emil Novak, Baltimore
John A. Wagner, Baltimore
A. Earl Walker, Baltimore
Mr. Walter N. Kirkman, *Business Manager*, Baltimore

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* Committees appointed by the President, Dr. Bender B. Kneisley, published in Vol. 3, No. 1, January 1954, Maryland State Medical Journal, pages 2, 3, and 4. Also may be found in Transaction issue in conjunction with the reports, Vol. 3, No. 8, August 1954, Maryland State Medical Journal, pages 435–464.

† Published at this time as omitted from the 1954 Transactions Issue of the Journal.

COMMITTEES—AS PROVIDED IN THE CONSTITUTION AND BY-LAWS

Committee on Constitution and By-Laws

A. Austin Pearre, *Chairman*, Frederick
E. Cowles Andrus, Baltimore
Donald Hooker, Annapolis
W. Houston Toulson, Baltimore

Executive Committee of the Council

(Chairman of the Council, President, Secretary and Treasurer.)
E. Cowles Andrus, *Chairman of Council*, Baltimore
Bender B. Kneisley, *President*, Hagerstown
Everett S. Diggs, *Secretary*, Baltimore
J. Albert Chatard, *Treasurer*, Baltimore

Finance Committee

(Five members, namely, the Chairman of the Council, the Treasurer, the Secretary, and two members of the Faculty appointed by the Chairman of the Council.)
E. Cowles Andrus, *Chairman of Council*, Baltimore
J. Albert Chatard, *Treasurer*, Baltimore
Everett S. Diggs, *Secretary*, Baltimore
R. Walter Graham, Jr., Baltimore
C. Reid Edwards, Baltimore

The House Committee

(Executive Committee plus the Chairman of the Library Committee.)
E. Cowles Andrus, *Chairman of Council*, Baltimore
Bender B. Kneisley, *President*, Hagerstown
Everett S. Diggs, *Secretary*, Baltimore
J. Albert Chatard, *Treasurer*, Baltimore
Louis Krause, *Chairman Library Committee*, Baltimore

Professional Conduct Committee

(Five immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman.)
W. Houston Toulson, *Past President* (1949), *Chairman*, Baltimore
A. Austin Pearre, *Past President* (1950), Frederick
Walter D. Wise, *Past President* (1951), Baltimore
Alan M. Chesney, *Past President* (1952), Baltimore
Maurice C. Pincoffs, *Past President* (1953), Baltimore
E. Cowles Andrus, *Chairman of Council*, Baltimore

Resolutions Committee

(Five members to be appointed annually by the President of the Medical and Chirurgical Faculty, who shall also designate the Chairman.)
Robert V. Campbell, *Chairman*, Hagerstown
Charles R. Austrian, Baltimore
Whitmer B. Firor, Baltimore
I. Rivers Hanson, Salisbury
M. C. Porterfield, Hampstead

SPECIAL COMMITTEES

Committee to Select a Successor to Present Director

Authorized by Council, December 1, 1953; and appointed by the Chairman of Council. No report for April 1954.
George H. Yeager, *Chairman*, Baltimore
Henry Briele, Salisbury
Wetherbee Fort, Baltimore
Amos R. Koontz, Baltimore
A. Austin Pearre, Frederick
Harvey B. Stone, Baltimore
Charles H. Williams, Pikesville

Committee for Better Distribution of Doctors Throughout the State

Appointed by the President of the Faculty as authorized by the House of Delegates, September 12, 1952.
Allen F. Voshell, *Chairman*, Baltimore
E. I. Baumgartner, Oakland
A. M. France, Parkton
I. Rivers Hanson, Salisbury
Richard T. Shackelford, Baltimore

Special Committee in Regard to Dues of Academic Physicians

Appointed by President of Faculty as authorized by House of Delegates, October, 1953.
Palmer H. Futcher, *Chairman*, Baltimore
Gordon E. Gibbs, Baltimore
Robert T. Parker, Baltimore
Edward S. Stafford, Baltimore

Committee to Study Availability of Prepayment Insurance in Rural Areas

Appointed by the President of the Faculty as authorized by the House of Delegates, April 27, 1953.
George McLean, *Chairman*, Baltimore
Henry Briele, Salisbury
Robert P. Conrad, Hagerstown

Committee for the Study of Certain Phases of Medical Economics

Waldo B. Moyers, *Chairman*, Hyattsville
Wolcott L. Etienne, College Park
Houston S. Everett, Baltimore
Thomas K. Galvin, Baltimore
Frank J. Otenasek, Baltimore

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Specially Appointed

Medical Advisory Committee to Selective Service

R. Walter Graham, Jr., *Chairman*, Baltimore

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OFFICERS, DELEGATES, ETC., OF COMPONENT MEDICAL SOCIETIES, 1954*

(Reprinted from Annual Meeting Program, 1954)

ALLEGANY-GARRETT COUNTY. *President*, Frank T. Harratt, Frostburg; *Vice-President*, James T. Johnson, Jr., Cumberland; *Secretary*, Leland B. Ranson, Cumberland; *Treasurer*, Leo H. Ley, Jr., Cumberland; *Delegates*, Emmett Lee Jones, Jr., Cumberland; James G. Stegmaier, Cumberland; *Alternates*, Fuller B. Whitworth, Cumberland; Frank T. Cawley, Cumberland; *Journal Representative*, Leslie E. Daugherty, Cumberland; *Meetings*, Third Friday each month, October through May.

ANNE ARUNDEL COUNTY. *President*, J. Oliver Purvis, Annapolis; *Vice-President*, Elmer G. Linhardt, Eastport; *Secretary-Treasurer*, J. Howard Beard, Annapolis; *Delegate*, Randall McLaughlin, Pasadena; *Alternate*, Merton T. Waite, Annapolis; *Journal Representative*, George C. Basil, Annapolis; *Meetings*, January, April, July and October.

BALTIMORE COUNTY. *President*, Martin E. Strobel, Reisterstown; *Vice-President*, Thomas E. Wheeler, Randallstown; *Secretary-Treasurer*, Clarence E. McWilliams, Reisterstown; *Delegates*, Charles F. O'Donnell, Towson; Melvin B. Davis, Dundalk; George S. M. Kieffer, Baltimore; *Alternates*, Clewell Howell, Towson; David H. Andrew, Baltimore; Samuel Scalia, Pikesville; *Journal Representative*, Samuel Scalia, Pikesville; *Meetings*, Third Wednesday of each month.

BALTIMORE CITY. *President*, Lewis P. Gundry; *First Vice-President*, Amos R. Koontz; *Second Vice-President*, Grant E. Ward; *Secretary*, Edward F. Cotter; *Treasurer*, Robert C. Kimberly; *Journal Representative*, Conrad Acton; *Representatives to the Executive Board*, Lauriston L. Keown (1954), Raymond E. Lenhard (1954), Wetherbee Fort (1954), Samuel Wolman (1954–1955), Herbert E. Wilgis (1954–1955), Daniel J. Pessagno (1954–1955). *Delegates* (1953–1954): Conrad Acton, John S. Fenby, Wilson Grubb, John M. Haws, Harry F. Klinefelter, Jr., Zachariah R. Morgan, Edmund R. Novak, Thomas R. O'Rourk, Frank J. Otenasek, Ross Z. Pierpont, John E. Savage, Richard T. Shackelford, W. Kennedy Waller, Theodore E. Woodward; *Alternates* (1953–1954): M. Paul Byerly, Charles R. Goldsborough, Raymond E. Lenhard, Edwin B. Jarrett, D. C. MacLaughlin, James W. Nelson, John M. Scott, Mary L. Hayleck, Otto C. Brantigan, Carleton C. Douglass, George W. Murgatroyd, Jr., Edward F. Lewison, J. Brooke Boyle, Jr., Harry C. Bowie; *Delegates* (1954–1955): Philibert Artigiani, Samuel T. R. Revell, Jr., Milton S. Sacks, John W. Barnaby, Jr., Francis W. Gluck, John N. Classen, Gustav Highstein, Jacob C. Handelsman, Marius P. Johnson, Charlotte McCarthy, S. Edwin Muller, Leslie H. Pierce, Frank K. Morris; *Alternates* (1954–1955): Katharine V. Kemp, Martin L. Singewald, Robert C. Abrams, Patrick C. Phelan, Jr., Harold P. Biehl, Edward H. Richardson, Jr., Walter A. Anderson, Vernon C. Kelly, Robert A. Reiter, J. Duer Moores, J. Frank Supplee, III, K. K. Krulevitz, Abraham Genecin; *Meetings*, First Friday of each month, October through March.

CALVERT COUNTY. *President*, George J. Weems, Huntingtown; *Vice-President*, Robert de Villarreal, Prince Frederick; *Secretary-Treasurer*, Page C. Jett, Prince Frederick; *Delegate*, Page C. Jett, Prince Frederick; *Alternate*, George J. Weems, Huntingtown; *Journal Representative*, Page C. Jett, Prince Frederick; *Meetings*, On call.

CAROLINE COUNTY. *President*, H. Fletcher Silver, Goldsboro; *Vice-President*, Robert H. Wright, Greensboro; *Secretary-Treasurer*, Edwin G. Riley, Denton; *Delegate*, Charles H. Winnacott, Ridgely; *Alternate*, Harold B. Plummer, Preston; *Journal Representative*, Robert H. Wright, Greensboro; *Meetings*, On call.

CARROLL COUNTY. *President*, William Culwell, Mt. Airy; *Vice-President*, R. S. McVaugh, Taneytown; *Secretary-Treasurer*, William L. Stewart, Westminster; *Delegate*, M. C. Porterfield, Hampstead; *Alternate*, Robert E. Gardner, Sykesville; *Journal Representative*, William L. Stewart, Westminster; *Meetings*, Third Wednesday of every other month, except July and August.

CECIL COUNTY. *President*, John M. Byers, Elkton; *Vice-President*, Richard C. Dodson, Rising Sun; *Secretary-Treasurer*, Richard C. Dodson, Rising Sun; *Delegate*, H. A. Cantwell, North East; *Alternate*, H. Vincent Davis, Chesapeake City; *Journal Representative*, Richard C. Dodson, Rising Sun; *Meetings*, Third Tuesday of each month.

CHARLES COUNTY. *President*, Richard F. Daly, LaPlata; *Vice-President*, Harry R. Coburn, Bryantown; *Secretary-Treasurer*, J. Parran Jarboe, LaPlata; *Delegate*, Arthur O. Wooddy, LaPlata; *Alternate*, John H. Griffin, Hughesville; *Journal Representative*, J. Parran Jarboe, LaPlata; *Meetings*, Second Thursday of each month

DORCHESTER COUNTY. *President*, Robert H. Reddick, Cambridge; *Vice-President*, Eldridge H. Wolff, Cambridge; *Secretary-Treasurer*, Walter B. Johnson, Cambridge; *Delegate*, John Mace, Jr., Cambridge; *Alternate*, Wilbur Bauman, Cambridge; *Journal Representatives*, Alfred R. Maryanov, Cambridge; Eldridge H. Wolff, Cambridge; *Meetings*, Third Wednesday of each month.

FREDERICK COUNTY. *President*, Bernard O. Thomas, Jr., Frederick; *First Vice-President*, Thomas H. Quill, Frederick; *Second Vice-President*, Norvell Belt, Frederick; *Treasurer*, John M. Culler, Frederick; *Secretary*, Thomas E. Stone, Braddock Heights; *Delegate*, Louis R. Schoolman, Frederick; *Alternate*, Rex R. Martin, Frederick; *Journal Representative*, Thomas E. Stone, Braddock Heights; *Meetings*, Third Tuesday, except months of July and August.

HARFORD COUNTY. *President*, Robert A. Barthel, Jr., Forest Hill; *Vice-President*, C. J. Foley, Havre de Grace; *Secretary-Treasurer*, Frederick J. Hatem, Aberdeen; *Delegate*, Peter P. Rodman, Aberdeen; *Alternate*, Richard C. Norment, III,

* Published at this time as omitted from the 1954 TRANSACTIONS ISSUE OF THE MARYLAND STATE MEDICAL JOURNAL.

Havre de Grace; *Journal Representative*, Frederick J. Hatem, Aberdeen; *Meetings*, Third Thursday, every other month.

HOWARD COUNTY. *President*, George E. Groleau, Elkridge; *Vice-President*, Charles S. Whitaker, Clarksville; *Secretary-Treasurer*, Theodore R. Shrop, Ellicott City; *Delegate*, George E. Burgtorf, Ellicott City; *Alternate*, Theodore R. Shrop, Ellicott City; *Journal Representative*, Theodore R. Shrop, Ellicott City; *Meetings*, On call.

KENT COUNTY. *President*, A. C. Dick, Chestertown; *Secretary-Treasurer*, Oskar S. Gulbrandsen, Chestertown; *Delegate*, A. F. Whitsitt, Chestertown; *Alternate Delegate*, Robert W. Farr, Chestertown; *Journal Representative*, Oskar S. Gulbrandsen, Chestertown; *Meetings*, On call.

MONTGOMERY COUNTY. *President*, Austin B. Rohrbaugh, Jr., Chevy Chase; *Vice-President*, Robert A. Hare, Takoma Park; *Secretary*, George A. Gray, Jr., Chevy Chase; *Treasurer*, Henry P. Laughlin, Chevy Chase; *Delegates*, Claude W. Mitchell, Silver Spring; William W. Welsh, Rockville; J. W. Bird, Sandy Spring; Read N. Calvert, Silver Spring; *Alternates*, John G. Ball, Bethesda; M. McKendree Boyer, Damascus; John O. Robben, Silver Spring; Frank A. Zack, Silver Spring; *Journal Representative*, Charles I. Warfield, Silver Spring; *Meetings*, Third Tuesday of each month.

PRINCE GEORGE'S COUNTY. *President*, Julius Kauffman, Bladensburg; *Vice-President*, Benjamin S. Miller, Mt. Rainier; *Corresponding Secretary*, John S. Haught, Mt. Rainier; *Recording Secretary*, William B. Hagan, Mt. Rainier; *Treasurer*, Albert Roth, Riverdale; *Delegates*, Waldo B. Moyers, Hyattsville; John M. Warren, Laurel; *Alternates*, Samuel J. N. Sugar, Mt. Rainier; Wolcott L. Etienne, College Park; *Journal Representative*, Benjamin S. Miller, Mt. Rainier; *Executive Secretary*, Mr. David A. McNamee, Prince George General Hospital, Cheverley; *Meetings*, First Tuesday of each month.

QUEEN ANNE'S COUNTY. *President*, C. Rodney Layton, Centreville; *Secretary-Treasurer*, Caroline H. Callison, Centreville; *Delegate*, G. William Martin, Queenstown; *Alternate*, W. H. Fisher, Centreville; *Journal Representative*, G. William Martin, Jr., Queenstown; *Meetings*, On call.

ST. MARY'S COUNTY. *President*, Julian S. Lane, Lexington Park; *Vice-President*, Robert T. Fuchs, Leonardtown; *Secretary-Treasurer*, J. Roy Guyther, Mechanicsville; *Delegate*, Joseph E. Gill, Leonardtown; *Alternate Delegate*, William D. Boyd, Leonardtown; *Journal Representative*, J. Roy Guyther, Mechanicsville; *Meetings*, Combined meeting with monthly staff meeting of St. Mary's Hospital, second Wednesday of each month.

SOMERSET COUNTY. *President*, C. G. Rawley, Crisfield; *Vice-President*, Robert F. Lewis, Crisfield; *Secretary-Treasurer*, Robert H. Johnson, Princess Anne; *Delegate*, T. B. Whaley, Princess Anne; *Alternate*, George C. Coulbourn, Marion Station; *Journal Representative*, A. N. Barr, Crisfield; *Meetings*, On call.

TALBOT COUNTY. *President*, Kurt Lederer, Queen Anne; *First Vice-President*, John F. Schneider, Easton; *Second Vice-President*, Vincent O. Eareckson, Easton; *Secretary-Treasurer*, Louis S. Welty, Easton; *Delegate*, H. F. Kinnamon, Easton; *Alternate*, P. Evans Cox, Easton; *Journal Representative*, Louis S. Welty, Easton; *Meetings*, One regular meeting in December, 4 times a year meet with Upper Eastern Shore Society.

WASHINGTON COUNTY. *President*, Archie R. Cohen, Clear Spring; *Vice-President*, S. Earl Young, Hagerstown; *Secretary-Treasurer*, Ernest F. Poole, Hagerstown; *Delegate*, Robert V. Campbell, Hagerstown; *Alternate*, William T. Layman, Hagerstown; *Journal Representative*, Sidney Novenstein, Funkstown; *Meetings*, First Thursday in January, April, July and October.

WICOMICO COUNTY. *President*, Fred R. Gramse, Salisbury; *Vice-President*, Wilbur R. Ellis, Jr., Salisbury; *Secretary-Treasurer*, Frank E. Poole, Salisbury; *Delegate*, I. Rivers Hanson, Salisbury; *Alternate*, David J. Gilmore, Salisbury; *Journal Representative*, Stedman W. Smith, Salisbury; *Meetings*, Second Monday of each month.

WORCESTER COUNTY. *President*, Herman A. Robbins, Berlin; *Vice-President*, Louis O. Llewelyn, Pocomoke City; *Secretary-Treasurer*, Charles W. Trader, Pocomoke City; *Delegate*, Norman E. Sartorius, Jr., Pocomoke City; *Alternate*, Louis O. Llewelyn, Pocomoke City; *Journal Representative*, Herman A. Robbins, Berlin; *Meetings*, Four times a year, January, April, July and October.

Woman's Auxiliary Medical and Chirurgical Faculty

MRS. ALBERT E. GOLDSTEIN, *Auxiliary Editor*

SIXTH ANNUAL MEETING, 1955
Sheraton Belvedere Hotel, Baltimore
Thursday, April 21, 1955

Address by the President of the Woman's Auxiliary to the Members of the Medical and Chirurgical Faculty*

MRS. ALBERT E. GOLDSTEIN

It is with deep appreciation to Dr. Yeager that I am privileged to appear before our parent organization to bring greetings from five hundred Auxiliary members.

It will not be necessary to give you a lengthy report on the Auxiliary accomplishments of this year. The annual report will appear in the April issue of the STATE MEDICAL JOURNAL, and I know every doctor reads his JOURNAL.

As this will be my only opportunity to speak formally to the doctors of the State, I would like to stress one project and request your support: That project concerns organization.

The framework of our Auxiliary is complete but we are not content.

We have eighteen County Medical Societies that do not, at the present time, enjoy the partnership of an Auxiliary.

We need the help of new members and the financial support of their dues.

Our present membership is carrying the load of the entire program: A program which is to educate ourselves on the subjects related to medicine. We in turn deliver the message to the people of our community through participation in the programs of other organizations to which we belong.

We are aware that we are looked upon as a reflection of the profession in all we say and do. Therefore, we study to be carefully informed before expressing our opinion on the problems of health and medical care.

We are especially interested in organization in the Counties.

Every doctor's wife in an unorganized County can become a member-at-large of the State Auxiliary. She will receive material on health education from National and is privileged to represent her County on the State Executive Board.

We think our slogan, "Leadership in Community Health" is an appropriate one.

No County in our State is too small to develop "Leadership in Community Health" and every doctor's wife can become a health leader.

"A leader is best
When people barely know he exists.
Not so good when people obey and acclaim him.
Worse when they despise him.
Fail to honor people, they fail to honor you
But of a good leader, who talks little,
When his work is done, his aim fulfilled,
They will all say, 'We did this ourselves'."

Laotze, 500 B.C.

* Presented at the Presidential Dinner during the one hundred fifty-seventh Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, Thursday, April 21, 1955.

STATE ANNUAL MEETING

The Woman's Auxiliary to the Medical and Chirurgical Faculty of Maryland held its Annual Meeting at the Sheraton-Belvedere Hotel on April 21, 1955, at 10:30 a.m. Included in the program was an illuminating report and visual display on Civil Defense, presented by Mrs. Arthur Baptist, Sr., who is well qualified to serve as Chairman of the Civil Defense Committee. She has worked with

Red Cross, Hospital Auxiliary and the Medical Auxiliary of Washington County.

Two excellent reports on Nurse Recruitment were presented by Mrs. James P. Kerr and Mrs. D. Delmas Caples. Mrs. Kerr discussed the scholarships and loans that had been extended to students in training schools in Maryland. Mrs. Caples reported on the fifty Future Nurses Clubs of the State, under the sponsorship of the Auxiliary. Mrs. C. R. Pearson, National Chairman of Nurse Recruitment complimented Maryland on being the first Auxiliary to sponsor a Future Nurses Convention.

The attendance at the luncheon exceeded three hundred doctors and wives. Following this festivity there was the Coronation of two student nurses. After this ceremony, Mr. William Washburn delivered an address on Health Insurance, proposing his agency's viewpoint on the government Reinsurance Bill. Dr. Harvey Stone made pertinent comments on the issue.

The contest on symbols to be used to head articles in the MARYLAND STATE MEDICAL JOURNAL will be continued during 1955–56. Doctors and wives are invited to submit sketches. Please send them to the Medical and Chirurgical Faculty, 1211 Cathedral Street, Baltimore 1, Maryland.

CORONATION OUTSTANDING STUDENT NURSE

MRS. E. ELLSWORTH COOK, JR.*

After the successful reception of the Coronation of Baltimore's "Outstanding Student Nurse" at the Med-Chi Ball of 1954, several of the doctors and Auxiliary members asked that it be repeated this year. It was to be altered somewhat to include the state as well as the city and changed from the Ball to the State Auxiliary luncheon.

Several months before the Coronation, each nursing school throughout Maryland was invited to select their nursing student who best represented her classmates in scholarship, bedside nursing care, leadership and poise, talents, hobbies, athletics, and appearance. I include appearance last because this was not a beauty contest in any sense of the word. Nineteen hospitals responded to my invitation and promised to select their contestant by April 1, as well as send us a short biographical sketch of the student.

After conferring with Mrs. Ross Pierpont, my co-chairman, Mrs. Charles H. Williams, Chairman of the Convention Arrangements, and Mrs. Albert E. Goldstein, President of the Medical and Chirurgical Faculty Auxiliary, we decided to ask the following wonderful people to be the judges: Mrs. Theodore R. McKeldin, First Lady of Maryland; Mrs. John L. Whitehurst, Past President of the General Federation of Women's Clubs; Mrs. Loren Walters, Director of the Walters Modeling Academy; Mr. J. Paul Bright, Jr., President of the Junior Chamber of Commerce; and Mr. Claude B. Hellman, Past President of the Kiwanis-International.

We avoided asking any members of the medical and nursing professions so as to prevent any prejudice or comment about the judging.

About ten days previous to the affair the judges were mailed the biographical sketches of the students and were asked to give them a great deal of thought. Last year we felt not enough time was allowed for the judges to give an opinion so rapidly.

During the luncheon, the judges were seated at one table so that they could compare notes and discuss their choices. After luncheon was served, the Coronation began with the introduction of the judges, and then the students were introduced by Mr. Baxter Ward of television fame. The judges were given a few more minutes to judge on appearance and then the names of the two winners were brought to the rostrum where Dr. George H. Yeager, President of the Faculty announced that Miss Niki Lenore Nations of University Hospital was the winner and Miss Kathleen Marion Stevenson of Peninsula General Hospital in Salisbury, Maryland was given second place.

Dr. Yeager congratulated Miss Nations and presented her with a beautiful bouquet of red roses as well as a $50 U. S. Savings Bond. Miss Stevenson was also presented with a $50 Bond. The money for the Savings Bonds and Coronation was donated by the five county Auxiliaries and the Baltimore City Auxiliary.

Miss Nations was also presented with a lovely cocktail gown donated by the Sophia Lewyt Dress Salon in Baltimore. Both the winners were given a free Glamour Course from the Walters Modeling Academy and which are worth about $100 each.

* Co-Chairman, Coronation Committee.

The Auxiliary was so proud of all the contestants that it presented each one with gold bracelets from which dangled a caduceus and charms that spelled MED-CHI CORONATION. To our "Queen" we added a golden crown to her bracelet as a permanent keepsake of her victory.

The newspapers were very cooperative in each sending a photographer to cover the event. The next day a picture of Dr. Yeager and Miss Nations appeared in one paper and Miss Nations and Miss Stevenson appeared in the other. In addition, one paper had a picture of four of the nurse contestants the day of the Coronation.

As an added bit of fun, I was fortunate in being able to arrange for six of the nurses, along with the two winners to appear on the "Bob Jones" Television Show on WBAL-TV a few nights later. The girls told me their hospitals had given the students late permission in order to watch their colleagues on the television. They seemed to have had so much fun that I felt that it had all been worthwhile.

The idea behind the Coronation as I have originated it is to show the future nurses that the doctors and their wives are vitally interested in them and their careers and believe in rewarding them for their efforts. I feel that it has helped public relations between the Auxiliary and the hospitals, as well as given the students a project in which they can display enthusiasm and school-spirit. I even hope some little high school freshman may have seen the picture and the articles in the newspapers and the show on television and decided since it isn't all work and no play "NURSING IS FOR ME!"

A NEW PAMPHLET: "FREE HEALTH CARE FOR EVERYONE?"

AMA Secretary's Letter, No. 330

The Chamber of Commerce of the United States has just put out an interesting and informative little booklet entitled "Free Health Care For Everyone?". Single copies are available on request, while quantities of 100 cost $4.50. Orders can be placed with the Economic Research Department, Chamber of Commerce of the United States, Washington 6, D. C.

An introduction states that "the purpose of the leaflet is to pull together and boil down interesting and useful information about problems involving our health—an important economic subject." The questions and answers are in the form of a conversation between an intelligent, serious-minded American citizen and a specialist on health problems. "Their conversation," the booklet says, "describes many different approaches to the big problem of providing better health care for all."

The 13-page booklet asks at least 60 questions, and here is the first question and answer:

"Q. Can we have free health care for everyone?"

"A. It all depends upon what you mean by 'free.' Obviously, someone always has to pay for doctors' services, medicine, and hospitalization. Actually, there is no such thing as 'free' health care for anyone."

Health Departments

STATE OF MARYLAND DEPARTMENT OF HEALTH

MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, July 29–August 25, 1955

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT.	MEASLES	MENINGITIS, MENINGOCOCCUS	MUMPS	POLIOMYELITIS, PARALYTIC	POLIOMYELITIS, NON-PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	UNDULANT FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS: Influenza and pneumonia
Total, 4 weeks																			
Local areas																			
Baltimore County	—	1	1	2	2	—	6	11	4	—	1	—	—	2	16	—	3	—	3
Anne Arundel	—	—	—	—	—	—	2	—	1	—	1	—	—	2	4	1	2	—	1
Howard	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	t-1	—
Harford	1	—	1	1	1	—	2	—	1	—	—	—	—	—	1	—	1	—	1
Carroll	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—	2	—	3
Frederick	2	—	—	—	1	—	4	3	—	2	1	—	—	—	2	—	1	—	—
Washington	—	—	—	—	1	—	—	—	—	—	—	1	—	1	3	—	1	—	1
Allegany	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	1
Garrett	—	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—
Montgomery	—	—	1	3	7	—	2	7	7	1	23	—	—	1	3	1	2	—	2
Prince George's	2	—	—	3	2	—	4	7	11	—	3	—	—	2	5	—	—	e-1	1
Calvert	—	—	—	4	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Charles	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Saint Mary's	1	—	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Cecil	—	—	—	—	1	—	—	—	—	—	—	—	—	3	2	—	1	—	1
Kent	—	—	1	—	—	—	—	1	—	—	5	—	—	—	1	—	—	—	—
Queen Anne's	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—
Caroline	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—
Talbot	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	t-1	—
Dorchester	—	—	—	—	—	—	1	—	1	—	—	—	—	—	4	—	1	—	—
Wicomico	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	11	—	1
Worcester	—	—	—	—	—	—	—	2	—	1	—	2	—	—	2	—	—	—	1
Somerset	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Total Counties	6	1	7	13	17	0	24	37	29	5	34	3	0	18	48	3*	42*		17
Baltimore City	6	0	1	5	15	0	22	6	2	0	1	4	0	16	80	14	531	w-1	20
State																			
July 29–Aug. 25, '55	12	1	8	18	32	0	46	43	31	5	35	7	0	34	128	17	573		37
Same period 1954	25	0	12	24	51	0	49	21	18	3	27	1	0	91	166	13	496		19
5-year median	26	1	12	—	110	2	66	57		11	14	3	3	71	185	19	716		25
Cumulative totals																			
State																			
Year 1955 to date	2065	9	439	276	1465	21	1414	81	47	20	2167	14	0	278	1320	125	4806		435
Same period 1954	2975	8	283	668	11324	24	2675	37	23	20	1279	12	4	612	1462	116	4741		363
5-year median	3024	17	607	—	5265	48	2001	83		31	1113	19	21	441	1705	117	4810		415

e = encephalitis, infectious

t = tetanus. w = Weil's disease.

* = total includes migrant labor survey cases.

Coming Meetings

MARYLAND ACADEMY OF GENERAL PRACTICE

SEVENTH ANNUAL SCIENTIFIC ASSEMBLY, SHERATON BELVEDERE HOTEL, OCTOBER 26–27, 1955

For the first time in its history, Dr. Merrill M. Cross, President, announced that the Maryland Academy will have a two-day annual meeting, combining scientific assembly, business meeting and social functions.

Ten outstanding guest speakers will present papers. The subjects covered include "Urology," "Gastro-Enterology," "Orthopedics," "Roentgenology," "Internal Medicine," "Psychiatry," and "Anatomy." The Thursday afternoon session will be sponsored by the American Gerontologic Society which will present three or four outstanding authorities in the field of Gerontology.

All of the papers are prepared for delivery to general practitioners and the program was designed to cover a wide range of topics with brevity and clarity. Each session will conclude with a panel discussion and a question and answer period.

Members of the Medical and Chirurgical Faculty, as well as medical residents and interns are cordially invited to attend. There is no registration fee.

The program of postgraduate lectures will be preceded by the annual business meeting of the Maryland Academy on Wednesday at 10 A.M. Business for this meeting includes reports of officers and committees and election of officers.

On Wednesday at 6 P.M., following the first session of the lectures, a cocktail party and reception will be held. This will be followed with the annual banquet at 7 P.M., at which the speaker will be Mac F. Cahal, Executive Secretary of the American Academy of General Practice. After the banquet there will be dancing.

An interesting program, including luncheon, is being arranged for the wives of the doctors in attendance. All physicians are urged to bring their wives.

The complete program, with a pre-registration card, will be mailed to each member of the Medical and Chirurgical Faculty. Should you fail to receive one, or wish an additional one, write or telephone Mr. William J. Wiscott, 3722 Greenmount Avenue, Baltimore 18, Maryland, Belmont 5-4772.

TENTATIVE PROGRAM

9:30 A.M.	Registration
	Morning Session, Wednesday, October 26th
10:00 A.M.	Annual Business Meeting
Noon	Lunch
	Afternoon Session
	Moderator—Dr. Merill M. Cross
1:30 P.M.	*"Treatment of Urinary Tract Infections."*
	Dr. Austin I. Dodson,
	Professor of Urology, Medical College of Virginia, Richmond
2:10 P.M.	*"Gastro-Enterology for the G.P."*
	Dr. John Tilden Howard
	Johns Hopkins University Medical School, Baltimore
2:50 P.M.	Recess
3:00 P.M.	*"Orthopedic Problems Encountered In General Practice."*
	Dr. Walter A. L. Thompson
	Professor and Chairman, Department of Orthopedic Surgery, New York University Postgraduate Medical School, New York
3:40 P.M.	*"Roentgenology and the General Practitioner."*
	Dr. Laurence F. Robbins
	Radiologist - In - Chief, Massachusetts General Hospital, Boston
4:20 P.M.	Question and Panel Discussion
6:00 P.M.	Reception and Cocktails
7:00 P.M.	Banquet
	Speaker, Mac F. Cahal, Executive Secretary, American Academy of General Practice
9:00 P.M.	Dancing

Thursday, October 27th

9:30 A.M. Registration
Morning Session
Moderator—Dr. Louis G. Llewelyn

10:00 A.M. *"The Medical Treatment of Thyroid Disease."*
Dr. E. C. Bartels
Department of Internal Medicine, Lahey Clinic, Boston

10:40 A.M. *"Psychiatry in General Practice."*
Dr. Henry P. Laughlin
Assistant Clinical Professor of Psychiatry, George Washington University Medical School, Washington

11:20 A.M. Recess

11:30 A.M. *"Problems of Libido and Potentia."*
Dr. George L. Kelly
Dean and Professor of Anatomy, Medical College of Georgia, Augusta

12:10 P.M. Question and Answer Period
Afternoon Session
An interesting and instructive panel of speakers will be presented by the Maryland Chapter of the American Gerontologic Society

AMERICAN GERONTOLOGICAL SOCIETY MEETING

OCTOBER 27, 28, 29, 1955

The Gerontological Society will hold its Annual Meeting on October 27, 28 and 29, 1955 at the Hotel Sheraton Belvedere in Baltimore, Maryland. This is a national organization embracing in its membership not only physicians but physiologists, biologists, chemists, sociologists, psychologists, social workers and professional nurses. It is devoted to the multi-disciplinary approach to the complicated and varied problems involved in aging and in old age. The founders were convinced that mingling of professional personnel and the pooling of knowledge from various fields was the only constructive and practical pathway to greater understanding and possible solution of these problems. Since the founding of the Society ten years ago, the wisdom of these viewpoints has been abundantly confirmed. Medical practitioners today realize that one cannot treat human beings in a vacuum. Without knowledge of the social and economic background of a patient and without intimate awareness of family tensions, the medical advisor is hopelessly hampered and handicapped.

When we come to study aging and the aged, we are immediately confronted by the eternal question "Why?" For even a good hypothesis, let alone an adequate answer, we must perforce turn to the biologist, the physiologist, and the chemist. What was once largely in the domain of the philosopher has now come to be an increasingly urgent challenge to the scientist.

The lack of knowledge of basic causes, however, should not blind us to the large body of knowledge that has accumulated as to the nature and behavior of older people in health and disease. In fact, the often quoted remark of Dr. William Welch that, "we not only need research but need to apply what we already know," is singularly appropriate in this connection. More and more the practitioner's time is devoted to the problems of the elderly, both in the consulting room and in home visits. He is continually reminded of the altered reactions of ageing bodies, and of the need for understanding how the mental processes are modified by the advancing years.

The work of the Gerontological Society is divided among four principal sections: Clinical Medicine; Biology; Psychology and the Social Sciences; Social Work and Administration. The meeting this year will have two general sessions, a special evening meeting at the Medical Chirurgical Faculty of Maryland, and the Annual Banquet.

The First General Session at 10:00 A.M. Thursday, October 27th, will be devoted to the general theme, "Basic Considerations—The Medical and Social Problems of Ageing and the Aged." The statistical background, the physician's responsibility, the public health problems and the social and economic problems will be discussed by outstanding authorities in the field.

The Second General Session at 9:00 A.M. Friday, October 28th, will be devoted to the theme, "Whither Gerontology?—Current Research Needs." Dr. Albert Lansing of Emory University will discuss Biology; Dr. Wilma Donahue of the University of Michigan will devote herself to Psychology; Mr. G. Warfield Hobbs of New York City will cover the Social Sciences; Dr. Joseph T. Freeman of Philadelphia will present Clinical Medicine; Prospects for

the Future will be discussed by Dr. Irving Lorge, Professor of Educational Psychology at Teachers College, Columbia University.

On Thursday afternoon, October 27th, there will be a joint meeting of the Medical Section with the Maryland Academy of General Practice on the theme, "Everyday Problems in the Care of the Elderly." At this meeting the special problems of surgery, psychiatry, therapeutics and rehabilitation will be presented by men of eminence in this field.

On Friday afternoon, October 28th, at 2:00 P.M., the Section on Clinical Medicine will have a joint meeting with the Commission on Chronic Illness, under the Chairmanship of Dr. Dean W. Roberts, Director of the Commission. The general theme of this meeting will be "Old Age and Chronic Illness," and will feature speakers on topics such as variations in the prevalence of chronic illness and disability in different age groups, the function of the general hospital in the care of the long term patient, and the effect of chronic illness and aging on the future practice of medicine.

The Society will be the guest of the Medical and Chirurgical Faculty of Maryland at 8:00 P.M. Thursday, October 27th. The meeting will be attended by many leaders in academic and professional life in the city. The theme of the evening is "Education in Gerontology" and Dr. Frederick Swartz of East Lansing, Michigan is the guest speaker. Dr. Swartz's dynamic program in the Michigan State Medical Society has had national impact and has stimulated efforts in other state societies.

The Annual Banquet at the Hotel Sheraton-Belvedere at 7:00 P.M. Friday Evening, October 28th, will feature the Presidential Address by Miss Ollie Randall of the Community Service Society, New York City, and a review of local activities by Judge Waxter, who needs no introduction to Baltimoreans. At the conclusion of the speeches, two new documentary films will be shown, one on Standards for Homes for Aged, and the other on Geriatric Rehabilitation.

On Saturday morning the Section on Clinical Medicine has been invited to attend the Medical Grand Rounds at the Johns Hopkins Hospital.

The three non-medical sections will hold three meetings each, devoted to their general areas of interest, but emphasizing the inter-relationships and the importance of the cross-fertilization of professional groups.

This meeting will give the members of the Medical and Chirurgical Faculty an opportunity to hear nationally known speakers discuss various aspects of ageing and old age, in a realistic manner. The Gerontological Society extends a cordial invitation to the physicians and all interested in problems of ageing to attend and participate in discussion of any or all of the sessions. If additional information is desired, contact Dr. Herman Seidel, 2404 Eutaw Place, Baltimore 17; telephone, Lafayette 3-0186.

POTOMAC CHAPTER AMERICAN COLLEGE OF CHEST PHYSICIANS

October 7, 1955

The Greenbrier Hotel

White Sulphur Springs, West Virginia

Information about program may be obtained from Dr. Hugh G. Whitehead, 1201 North Calvert Street, Baltimore 2, Maryland. (Telephone SA 7–0960)

Coming Meetings, continued

BALTIMORE CITY MEDICAL SOCIETY*

Friday, October 7, 1955, 8:30 p.m.

SYMPOSIUM ON SURGICAL ASPECTS OF BILIARY TRACT DISEASE

Moderator, I. S. Ravdin, M.D., Professor of Surgery, University of Pennsylvania School of Medicine, Philadelphia.

Participants:

Louis Krause, M.D., Professor of Clinical Medicine, University of Maryland School of Medicine.

Alfred Blalock, M.D., Professor of Surgery and Director of the Department of Surgery, The Johns Hopkins University School of Medicine and Hospital.

Russell H. Morgan, M.D., Professor of Radiology and Director of the Department of Radiology, The Johns Hopkins University School of Medicine and Hospital.

Question and Answer Period

Coffee and doughnuts will be served by the Woman's Auxiliary to the Baltimore City Medical Society.

WOMAN'S AUXILIARY TO THE BALTIMORE CITY MEDICAL SOCIETY

1211 Cathedral Street, Baltimore

Mrs. Conrad Acton, *President* Mrs. John B. DeHoff, *Secretary*

Mrs. W. Kenneth Mansfield, *Treasurer*

Wednesday, October 12, 1955, 11:00 a.m.

Juvenile Delinquency. Mr. Donald Kenneth Brown, Special Agent in Charge, Baltimore Office, Federal Bureau of Investigation.

COLLATION

NEUROPSYCHIATRIC SECTION*

Jerome D. Frank, M.D., *Chairman* Leonard J. Gallant, M.D., *Secretary*

Thursday, October 13, 1955, 8:30 p.m.

A Research Project in Psychotherapy with Audience Participation. (Illustrated.) Hans H. Strupp, Ph.D., Project Scientist, St. Elizabeth Hospital, Washington, D. C.

THE COMMITTEE FOR THE STUDY OF PELVIC CANCER

1211 Cathedral Street, Baltimore

Sponsored by the Maryland Division of the American Cancer Society and the Medical and Chirurgical Faculty

Richard W. TeLinde, M.D., *Chairman* Beverley C. Compton, M.D., *Secretary*

Thursday, October 13, 1955, 5:00 to 6:00 p.m.

* All meetings will be held at 1211 Cathedral Street, Baltimore 1, Maryland, unless otherwise stated.

PATHOLOGY SECTION

WILLIAM V. LOVITT, JR., M.D., *Chairman* VERNON H. NORWOOD, M.D., *Secretary*

Monday, October 17, 1955, 7:30 p.m.

Union Memorial Hospital, Baltimore

Program sponsored by Walter C. Merkel, M.D.

RADIOLOGICAL SECTION

WALTER L. KILBY, M.D., *Chairman* NATHAN B. HYMAN, M.D., *Secretary*

Tuesday, October 18, 1955, 8:30 p.m.

The Treatment of Lymphomas. H. DABNEY KERR, M.D., Chief of Radiology, University of Iowa Hospital, Iowa City, Iowa.

Place of meeting to be announced.

CANCER SECTION

ARTHUR G. SIWINSKI, M.D., *Chairman* LOUIS E. GOODMAN, M.D., *Secretary*

Wednesday, October 19, 1955

Program, place and time to be announced.

SECTION ON GENERAL PRACTICE*

KENNETH KRULEVITZ, M.D., *Chairman* JOSEPH S. BLUM, M.D., *Secretary*

Thursday, October 20, 1955, 9:30 p.m.

The Role of the General Practitioner in the Clinical Program of the National Institutes of Health. Leonard Karel, Ph.D., Chief, Extramural Programs, National Microbiological Institute, National Institutes of Health.

ANESTHESIA STUDY COMMITTEE*

Tuesday, October 25, 1955, 8:00 p.m.

Joint Anesthesia Study Committee of the Baltimore City Medical Society and the Baltimore City Health Department

MATERNAL MORTALITY COMMITTEE*

Thursday, October 27, 1955, 3:30 p.m.

Joint Committee on Maternal Mortality of the Baltimore City Medical Society and the Baltimore City Health Department

* All meetings will be held at 1211 Cathedral Street, Baltimore 1, Maryland, unless otherwise stated.

SELECTIVE SERVICE URGES DEFERMENTS FOR MEDICAL SCIENCE TEACHERS

The AMA Washington Letter, No. 84-31

Reversing its position following a formal protest from the American Medical Association, the National Selective Service System is requesting local draft boards to give "particularly careful consideration" to deferment for teachers "in any of the fields of physical . . . science, . . . medicine, or dentistry."

At the June convention the House of Delegates adopted a resolution noting that the practice in medical schools is to use as instructors and assistants students who interrupt their medical education for this purpose. But, the resolution states, "this source of assistants and future teachers has been eliminated by the policy of Selective Service of drafting these students as soon as they have lost their medical status." The effect, the resolution states, is that "medical schools of the country have been hampered in their effort to provide the best education in the preclinical departments," and that the training of medical students is "being seriously jeopardized."

Copies of the resolution were sent to the President and to members of the House and Senate. Selective Service added "biological sciences, medicine and dentistry" to the list of currently critical occupations, for which draft deferment is advised.

NEW SENATE LEGISLATION

The AMA Washington Letter, No. 84-29

S. 2406 (Smith, R-N. J., July 5). *Hoover Commission Veterans' Legislation.* To carry out one of the Hoover Commission recommendations on federal medical services this bill would rescind all appropriations for general hospitals for the Veterans' Administration, except where construction has actually begun or where a contract has been executed. Also rescinded would be authorizations for which no appropriations have been made. Veterans' signed statements of inability to pay for hospitalization or domiciliary care would be subject to verification by VA and, if not substantiated, the VA would collect medical costs, together with any amount paid for transportation. Hereafter veterans' applications for hospitalization or domiciliary care for disability not due to service would require the veteran to assume an obligation to pay costs, without interest, "at some future time if he is financially able to do so." The Veterans' Administration would hereafter be authorized to furnish out-patient care (except for neuropsychiatric ailments prior to hospitalization) to the veteran who "is unable to pay therefore, irrespective of whether the disability, disease or defect was due to service," but the veteran would have to assume the same obligation noted above.

VA STARTS PHYSICAL MEDICINE RESIDENCY FOR CAREER DOCTORS

The AMA Washington Letter, No. 84-31

A residency training program in physical medicine and rehabilitation has been started by the Veterans Administration for its *full-time career physicians*. The pilot plan will operate in VA hospitals in Boston, Mass.; Bronx, N. Y.; Hines, Ill.; Houston, Tex.; and Los Angeles, Calif. Under the program a career VA physician may take the training without any reduction in salary. He will be obligated to serve VA for a year for one year's training; 1½ years for two years' training and 2 years for three years' training.

VA explained that the new program is separate from residencies in physical medicine and rehabilitation already in effect in 15 VA hospitals. The latter generally are for younger physicians recently out of medical school who do not contemplate a career in VA medicine. Regular residency pay is provided in these instances.

VA Medical Director William S. Middleton, in a separate announcement, reminded area medical directors and heads of VA medical facilities that patients with chronic illnesses unable to care for themselves won't be discharged until outside arrangements are made for their care. This will be followed, Dr. Middleton indicated, even though hospitalization of an increasing load of veterans with chronic illnesses imposes "serious professional and administrative problems" on VA.

NEW SENATE LEGISLATION

The AMA Washington Letter, No. 84-29

S. 2407 (Smith, R-N. J., July 5). *Hoover Commission Hospital Legislation.* This legislation also would carry out part of the recommendations of the Hoover Commission report on federal medical services. It provides: (1) American merchant seamen would no longer be entitled to free medical, surgical, and dental treatment at Public Health Service hospitals and other stations: (2) Coast Guard, Coast and Geodetic Survey, and Public Health Service personnel would be provided medical, surgical, and dental treatment and hospitalization only at the nearest available facilities of military medical services; (3) Medical advice, out-patient treatment and hospitalization would be furnished dependents of the Coast Guard, Coast and Geodetic Survey, and PHS at nearest military facilities on a reimbursable basis; (4) Bureau of Employees' Compensation medical, surgical, and hospital services and supplies now provided at PHS institutions would be provided in non-federal hospitals with costs reimbursed by Department of Labor; (5) As soon as practicable Surgeon General would close all general hospitals of PHS except those used for: (a) care, detention, and treatment of narcotic addicts, and persons afflicted with leprosy, mental illnesses or tuberculosis; (b) those used for care of Indians; (c) Freedman's Hospital; (d) National Institutes of Health, and other research units; (e) clinics for federal employees and alien examinations. Institutions closed could be sold to states or local communities.